

I. FORM 1 --(To be completed by principal/school nurse)

To: Director of Human Resources

From: _____
(Principal or School Nurse)

Date: _____

Re: **Bloodborne Pathogens/OSHA guidelines**

_____ is employed as a _____ and is therefore deemed to have
(employee name) (job title)
occupational exposure per Kannapolis City Schools policy. Approval for BBP training and providing Hepatitis B vaccine is requested.

At High Risk Not at risk, but desires vaccine

Reason for at high risk status (if not an approved category): _____

Principal's Signature (if " At High Risk")

II. (To be completed by Human Resources)

Employee: _____ SS# _____

Has been approved for Hep-B vaccine administration. Has NOT been approved for Hep-B vaccine administration.

Insurance type: _____ Insurance will cover vaccine cost
 KCS will pay for Hep-B services

Hepatitis-B Vaccine will be provided to you at no cost.

Approval: _____
(Initial/Date)

Present this form to:

Place: Cabarrus Health Alliance (call for appointment @ 704-920-1205)

Documentation of previous
vaccination: yes
 no

When: _____ am / pm
(date and time)

III. (To be completed by school nurse)

Declination signed/dated Yes No (attach to this form)

IV. (To be completed by nurse administering vaccine)

Hepatitis B Vaccine Administration Record

Dose #1: _____ (due #2 in 1 month) _____
(date) Nurse Signature

Dose #2: _____ (due #3 in 5 months) _____
(date) Nurse Signature

Dose #3: _____
(date) Nurse Signature

Please contact Occupational Medicine at 704-403-1791 to make an appointment for anti-body testing.

Anti-body Testing: _____
(date) Nurse Signature

Return completed form to Human Resources-Kannapolis City Schools-Central Office