

Hepatitis B Occupational Risk Worksheet: Guidelines for School Employees

- Check #1 if practically never
- Check #2 if occurs, but rarely
- Check #3 if infrequently (a few times a year)
- Check #4 if frequently (more than 6 times a year)

At my worksite, I...

1 2 3 4

1. am bitten by a student				
2. am scratched by a student drawing blood				
3. clean up student's blood or body fluids containing blood (nose bleeds, soiled tampons, saliva with blood)				
4. perform medical procedures (such as draw blood, directly contact insertion sites of tracheal and gastric tubes)				
5. handle sharp objects that are blood-contaminated (including maintenance workers exposed to such objects through torn garbage bags)				

1's and 2's: If exposure to blood occurs rarely, at most, your occupation is not placing you at increased risk. Consult a health professional after each exposure incident.

3's: If all exposure incidents together occur less frequently than 6 times, you are not at significantly increased risk for Hepatitis B. Vaccine should be considered most seriously by: those who circled more than three of these, by those with dry, cracked hands, and those who frequently have open cuts. Discuss your situation with a health professional.

4's: If you checked one or more on this column, the School District will offer you the opportunity to receive the Hepatitis B vaccine series at School District expense. Failure to take advantage of this will require you to sign the release at the end of this form. Discuss your eligibility with a health professional.

I request to have the vaccine administered to me. I understand that this will be done at the School District's expense should my insurance not provide coverage.

I am declining the opportunity to be given the vaccine at this time, I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Name

Date

TO BE PRESENTED TO HEALTH CARE PROVIDER FOR COMPLETION

Date: _____

Vaccine Administered: _____

Vaccine Manufacturer and Lot #: _____

Site of Injection: _____

Signature of Vaccine Administrator: _____

As a health care provider, I have explained to _____ the information on hepatitis B vaccine and he/she has had a chance to ask questions which were answered to his/her satisfaction.

Name

Date