



Department of Education

Joel Klein  
Chancellor

## BLOODBORNE PATHOGENS

### EMPLOYEE HEPATITIS B VACCINATION NOTIFICATION FORM

All employees with occupational exposure to blood and other potentially infectious materials must complete this form. This completed form must be signed by the Principal.

I understand that due to occupational exposure to blood and other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection.

I am routinely responsible for the following tasks:

**Check  all that apply**

- 1. *First aid treatment /rescue*
- 2. *Routine health care*
- 3. *Administering bathroom care – i.e. changing diapers/sanitary napkins*
- 4. *Responding to physical/violent confrontations*
- 5. *Unclogging sewer systems*
- 6. *Cleaning up potentially infectious body fluids*
- 7. *Collecting and storing regulated medical waste*
- 8. *Other. Be specific \_\_\_\_\_*

I have been given the opportunity to be vaccinated with the hepatitis B vaccine, at no charge to me.

**Yes, I wish to be vaccinated against the hepatitis B virus**

Date:	Region #:	District #:
First Name:	Last Name:	Social Security #:
Job Title:	Emergency Contact Name and Phone #:	
School Code (E.g. 123K)	Work Site Name:	
Work Site Address (Street, City, State, Zip)		
Principal's Name:		Work Site Phone #:

Employee's Signature

Principal's Signature

Please forward a copy to:

Office of Occupational Safety and Health (OOSH)  
65 Court Street, Room 706 ▪ Brooklyn, NY 11201 ▪ Phone: 718-935-2319 ▪ Fax: 718-935-4682