

**NORTH CAROLINA ALLIANCE OF PUBLIC HEALTH AGENCIES, INC.
EMPLOYEE IMMUNIZATION RECORD & HEPATITIS B WAIVER FORM**

The Alliance follows the CDC Immunization Guidelines for all of our employees.

Please complete the form or submit copies of your immunization records from your health care provider.

Employee: _____ Date: _____
County _____ Position: _____

Hepatitis B Series: Yes _____ Dates: _____
No _____ Declination Form Signed? Yes _____ No _____

MMR / MR: (Measles, Mumps, Rubella)

One of the following is required:

1. Titer indicating immunity
Date: _____
2. Birth during or after 1957 and documentation of 2 doses of vaccine
Dates: _____
3. Birth prior to 1957 and 1 dose of vaccine
Date: _____

[For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. For HCP born prior to 1957 or later can be considered immune to measles, mumps, or rubella only if they have documentation of (a) physician-diagnosed measles or mumps disease.]

Varicella:

One of the following required:

1. Titer indicating immunity
Date: _____
2. Documentation of 2 doses of vaccine
Dates _____

It is recommended that all HCP be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart.

[Highly Recommended, not required unless required by work site-Tetanus/Influenza/TB]

Tetanus:

1. One dose of Tdap vaccine at least 5 years after last Tetanus booster
Date Received: _____ Date Due: _____
2. Tetanus (Td) booster every 10 years
Last Dose: _____ Date Due: _____

Influenza

Annual influenza vaccine is highly recommended by Alliance (must be obtained if required by employee's work site,) _____ Yes _____ No Date: _____

TB Skin test:

1. Two-step test if no skin test in the past year.
Date of test #1: _____ Date of test #2: _____
2. Please provide documentation of test in the past year, only one required.
[If documentation in the past year, only one test is required.]
Date of last skin test: _____ Date of test #2: _____

If you do not have these immunizations, you will need to get them unless your worksite follows different guidelines or due to a documented medical condition. NCAPHA will pay for missing immunizations.

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HEPATITIS B VACCINATION WAIVER FORM

I understand that due to my occupational exposure to blood or other potentially infectious material, I am at risk of acquiring HBV (Hepatitis B Virus) infection.

I have read the Hepatitis B Information Sheet and have had an opportunity to ask questions and understand the risks and benefits of the HBV vaccine.

I have been given the opportunity to be vaccinated at no charge to myself.

Having been so informed,

_____ I request the HBV vaccine.

_____ I decline to take the HBV vaccine at this time.

_____ I have already had the HBV vaccine.

I understand that due to my occupational exposure to blood or other potentially infectious material I may be at risk of acquiring hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine, at no charge to me. However, I decline hepatitis B vaccine 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 hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee's signature

Date