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 per year)  
Check #4 if frequently (more than 6 times per year)

At my worksite, I...

<table>
<thead>
<tr>
<th>1. am bitten by a student</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. am scratched by a student drawing blood</td>
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<tr>
<td>3. clean up student’s blood or body fluids containing blood (nose bleeds, soiled feminine hygiene products, saliva with blood)</td>
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<tr>
<td>4. perform medical procedures (such as draw blood, directly contact insertion sites of tracheal and gastric tubes)</td>
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<tr>
<td>5. handle sharp objects that are blood-contaminated (including maintenance/custodial workers exposed to such objects through torn garbage bags)</td>
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</tbody>
</table>

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 a 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
Lassen Union High School District

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