

Freedom of Information and Protection of Privacy Act

This form is required to record your Hepatitis B Vaccination and the collection of personal information complies with the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of this information, please contact OHR Vancouver at: (604) 660-2587.

A. EMPLOYEE INFORMATION

LAST NAME	FIRST NAME	INITIAL	BIRTHDATE		
			YYYY	MM	DD
MINISTRY NAME		JOB CLASSIFICATION	EMPLOYEE ID		
WORK LOCATION			WORK PHONE NUMBER		

➔ COMPLETE ONLY ONE SECTION – SECTION B OR SECTION C

INSTRUCTIONS:

Upon completion of your Hepatitis B immunization:

- Retain one copy for your records.
- Submit one copy to the Occupational Health & Rehabilitation (OHR) fax gateway at: **(250) 953-0490**. OHR recommends that you receive lab confirmation of protective Hepatitis B antibody after your series of immunizations. Upon receipt of this form, OHR will send you a lab requisition for the blood test which must be completed at least 1 month after your series but no later than 6 months.
- Submit one copy to your supervisor/manager who will retain it in your personnel file and to obtain reimbursement for the costs of obtaining the immunization.
- If you have previously completed your Hepatitis B immunizations (through the school system, travel abroad, military, etc.) please provide the year that series was completed [**YYYY**: _____]. These costs will not be reimbursed.

B. DECLINE OF HEPATITIS B IMMUNIZATION OFFER

With my assigned duties there is a risk of occupational exposure to the Hepatitis B virus through blood transmission. Hepatitis B immunization reduces one's risk of acquiring Hepatitis B disease. Vaccination is recommended.

I choose **not to** accept the employer's offer of Hepatitis B Vaccination.

EMPLOYEE'S SIGNATURE <i>(sign ONLY if you wish to decline the Hep B Vaccination)</i>	DATE SIGNED		
	YYYY	MM	DD
X			

C. HEPATITIS B IMMUNIZATION RECORD

VACCINATIONS	DATE OF VACCINATION			VACCINE/LOT NUMBER	SIGNATURE OF DOCTOR OR NURSE
	YYYY	MM	DD		
1 st Vaccination					
2 nd Vaccination One month later					
3 rd Vaccination Six months after the first vaccination					