

HEPATITIS B VACCINE INFORMATION AND RECORD

RELEASE FORM FOR HEPATITIS B MEDICAL INFORMATION

I hereby authorize (individual or organization holding Hepatitis B records and address) to release to the Bondurant-Farrar Community School District, my Hepatitis B vaccination records for required employee records.

I hereby authorize release of my Hepatitis B status to a health care provider, in the event of an exposure incident.

Signature of Employee

Date

Signature of Witness

Date

Adopted: 03/15/1999
Reviewed: 03/11/2002; 10/11/2004; 09/29/2008; 02/11/2013; 02/13/2017
Revised: 04/08/2002; 12/13/2004; 02/25/2013; 02/13/2017