



Katy Independent School District  
**Hepatitis B Vaccination**  
Acceptance/Waiver Form

Employee Name (please print)	KISD ID Number
School/Department	Title/Job classification

The Texas Department of Health Bloodborne Pathogen Exposure Plan requires the Katy Independent School District to perform an exposure determination for employees who have occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment. The District must identify all job classifications in which employees have occupational exposure, regardless of frequency. The Katy ISD Bloodborne Pathogen Committee has determined that the following job classifications apply:

- a) All Campus Nurses
- b) All Nurse Aides
- c) All Athletic Trainers, Junior High Coaches and High School Wrestling Coaches
- d) Life Skills Teachers and Life Skills Teacher Aides
- e) ECAP, YCAP, JCAP, HCAP & Work Based Learning Teachers and Teacher Aides
- f) Campus Security Guards and PASS Teachers
- g) PPCD Teachers and PPCD Teacher Aides
- h) Plumbers
- i) Katy ISD Police Department

PLEASE SELECT **ONE** OF THE OPTIONS LISTED BELOW:

My job classification is **NOT** listed above – I do not qualify for the district provided vaccine series.

My job classification **IS** listed above but I have been previously vaccinated against Hepatitis B.

- A copy of my immunization record is attached.
- I am unable to locate my immunization record at this time.

My job classification **IS** listed above and I **Accept the Hepatitis B Vaccination**.

If you decide to accept the immunization, the Hepatitis B Vaccine will be offered to you at no charge. The vaccine consists of a series of three (3) injections administered within a period of six (6) months. To ensure immunity, it is important to receive all three (3) injections. For those who do not receive all three (3) injections, and must begin the series over, the District will not provide the immunization a second time at no charge.

Upon submitting this completed Acceptance/Waiver form to Katy ISD Risk Management Department, take a copy along with the *Addendum to Hepatitis B Vaccine Information Statement* to Excel Urgent Care to begin the Hepatitis B vaccine series.

**Excel Urgent Care**  
**19450 Katy Freeway; Katy, TX 77084**  
**281-829-9900**  
**(no appointment necessary)**

My job classification **IS** listed above but I **Decline the Hepatitis B Vaccination**.

I understand that by declining the vaccine I continue to be at risk of acquiring Hepatitis B. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated, I can receive the Hepatitis B vaccine series at no charge to me.

I have read and understand the information regarding Hepatitis B.

Signature:

Date:

This signed form should be presented to  
 Katy ISD Risk Management Department – Education Support Complex  
 6301 South Stadium Lane  
 Katy, TX 77494

Additional information may be obtained by contacting Katy ISD Health Services Department