

EMPLOYEE REQUEST FOR HEPATITIS B VACCINATION

I, _____, wish to receive a series of three vaccinations for Hepatitis B. The vaccine is prepared from yeast cultures and is free from association with human blood. The series will be provided to me at no cost by my employer, the Clackamas County Sheriff's Office.

DATE EMPLOYEE SIGNATURE EMPLOYEE ID # DATE OF BIRTH

**CONTACT THE JAIL MEDICAL CLINIC TO SCHEDULE YOUR VACCINATION
503-722-6775 • Clackamas County Jail, 2206 Kaen Road, Oregon City**

PLEASE COMPLETE

Known Medical Allergies: _____

Any known medical conditions: (If the possibility of pregnancy exists, you must first discuss risks with your physician)

INJECTION #1 GIVEN: _____
DATE NURSE'S SIGNATURE

LOT #	AGENT	DOSE	ROUTE	SITE
		1cc	IM	Deltoid: Lt <input type="checkbox"/> Rt <input type="checkbox"/>

INJECTION #2: *Due one (1) month after the first injection.*

GIVEN: _____
DATE NURSE'S SIGNATURE

LOT #	AGENT	DOSE	ROUTE	SITE
		1cc	IM	Deltoid: Lt <input type="checkbox"/> Rt <input type="checkbox"/>

INJECTION #3: *Due five (5) months after the second injection.*

GIVEN: _____
DATE NURSE'S SIGNATURE

LOT #	AGENT	DOSE	ROUTE	SITE
		1cc	IM	Deltoid: Lt <input type="checkbox"/> Rt <input type="checkbox"/>