



BUTTE SCHOOLS SELF-FUNDED PROGRAMS

500 Cohasset Road, Suite 24 | Chico, California 95926
Telephone 530-879-7438 | Fax 530-879-7595 | www.bsspjpa.org
Christy R. Patterson, Executive Director | cpatters@bsspjpa.org

AUTHORIZATION FOR HEPATITIS B or HEPATITIS A/B VACCINATION

California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens requires each employer having employees with occupational exposure to establish, implement and maintain an effective exposure plan which is designed to eliminate or minimize employee exposure to bloodborne pathogens.

In the interest of controlling exposure of employees to bloodborne pathogens, the _____ School District hereby authorizes _____ to be inoculated with the Hepatitis B or Twinrix (Hepatitis A/B combo) vaccine at the Butte Schools Health and Wellness Center, 500 Cohasset Road, Suite 24, Chico or 1876 Bird Street, Oroville.

BSSP will seek reimbursement from the district's workers compensation carrier, North Valley Schools Insurance Group, for these costs.

Signature

Date

Title

Employee: This form must be presented to the Butte Schools Health and Wellness Center (call 530-879-7582 or 530-532-5918 to schedule an appointment.

District: Forward a copy of this form to the Butte Schools Self-Funded Programs via email at bssp@bsspjpa.org or fax to 530-879-7595.

HEALTHY EMPLOYEES SUPPORTED BY QUALITY, WELL-MANAGED PROGRAMS

**Butte COE
Butte-Glenn CCD
Bangor UESD
Biggs USD**

**Chico USD
Durham USD
Feather Falls UESD
Golden Feather UESD**



**Gridley USD
Manzanita ESD
Oroville City ESD
Oroville UHSD**

**Palermo UESD
Paradise USD
Pioneer UESD
Thermalito UESD**