

RELEASE FOR HEPATITIS B MEDICAL INFORMATION

I hereby authorize _____ (individual or organization holding Hepatitis B records and address) to release to the Western Dubuque County 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: _____

Approved: April 12, 2004

Reviewed: January 11, 2010; January 12, 2015

Revised: