

Bloodborne Pathogens Exposure Control Plan

DIVISION/DEPARTMENT HEPATITIS B VACCINATION ELIGIBILITY LIST

Instructions:

- Use a separate form for each account number to be billed.
- Return to College of Charleston EHS (Attn: Randy Beaver, EHS Director; RSS Building 115; phone: 843-953-1029 or email beaverr@cofc.edu).

Department:

Account:

Notes:

Employees eligible to receive HBV vaccinations:

Full Name <i>(Please Print)</i>	CWID	Job Title	Supervisor's Full Name <i>(Please Print)</i>	Supervisor's Phone #

Contact Person *(please print)*: \_\_\_\_\_ Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

Employees are approved to receive Hepatitis B vaccination series at their request and their Department's expense.

Approved by EHS: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature*