

**REQUEST FOR TETANUS SHOT
and/or HEPATITIS B IMMUNIZATION**

There is a small possibility that communicable diseases such as Tetanus and Hepatitis B may be transmitted to staff by students via biting. This may occur when a bite results in breakage of the skin, followed by direct contact of bodily fluids such as saliva. If you have staff who are supporting students who may communicate their needs through biting behaviours, immunization against Tetanus and Hepatitis B may be requested.

If prior approval is received, staff will be reimbursed for costs incurred for immunization by submitting a cheque requisition and an original receipt to the Curriculum & Learning Services Department. The decision to be immunized is voluntary.

Complete if appropriate and only if your position places you in direct contact with students who are "biters".

Name: _____
Surname First Middle

School: _____ Date: _____

Position: _____

Reason for this request: _____

Cost of Immunization: _____

FOR USE BY PRINCIPAL ONLY

I support this request based on the following: _____

Principal Signature	Date	Applicant Signature	Date

Principal's signature confirms that the immunization is necessary.

Administration Office Use Only	<input type="checkbox"/> Approved
	<input type="checkbox"/> Not Approved Reason _____

Assistant Superintendent Signature	Date