

**REQUEST FOR REIMBURSEMENT FORM****TETANUS AND/OR HEPATITIS B VACCINATION**

There is a small possibility that a tetanus or hepatitis-B infection may be transmitted to staff by students who bite others. This may occur when a bite results in breakage of the skin, followed by direct contact of bodily fluids. If you are working in situations where there may be a danger of being severely bitten, vaccination against tetanus and/or hepatitis-B may be advisable. Consultation with your healthcare practitioner is recommended. If prior approval is received, staff will be reimbursed for costs incurred for vaccination by submitting a repayment request and an original receipt to my office. The decision to be vaccinated is voluntary.

Please complete, if appropriate, and only if your position places you in direct contact with students who regularly bite others or who are apt to do so.

Name \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Reason for this request \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Cost of Immunization \_\_\_\_\_

Date \_\_\_\_\_ Applicant \_\_\_\_\_

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**TO BE COMPLETED BY PRINCIPAL ONLY**

I support this request based on the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Principal \_\_\_\_\_

*(Principal's signature signifies that the employee is at risk of being bitten and indicates support for the reimbursement request).* **Note: Divisional approval is required.**

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**TO BE COMPLETED BY DIRECTOR OF SCHOOL & CLASSROOM SUPPORTS ONLY**

Approved ☐ Not approved ☐ Reason \_\_\_\_\_

Date \_\_\_\_\_ Director of School & Classroom Supports \_\_\_\_\_