



AUTHORIZATION FOR HEPATITIS A/B VACCINATION

District _____

District shall provide the following information.

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____ Home Phone: _____

Cell Phone: _____ DOB: _____ Gender: _____

District hereby agrees to reimburse the Butte Schools Self-Funded Programs \$135 (\$25 office visit plus \$110 vaccine) for each office visit associated with this service performed at the Health and Wellness Center.

District Signature Name and Title Date

District must fax this form to 855-521-4677 or 855-999-9239 prior to delivery to volunteer.

Instructions to Employee

1. Retain a copy of this form until your assessment appointment is completed.
2. Call the Health and Wellness Center to schedule a telephone or in-office appointment. Walk-ins are not available.

Chico	Oroville
530-879-7582	530-532-5918
500 Cohasset Road, Suite 24	1876 Bird Street
3. When your appointment has been booked, you will receive a text message confirming your appointment. Within that text message is a link to complete registration and your TB Risk Assessment Questionnaire.
4. To finalize registration for your appointment, tap the link and follow these instructions:
 - a. Tap "Yes, I'll Be There".
 - b. Tap "Begin CHECK-IN".
 - c. Enter your date of birth and tap "Start CHECK-IN".
 - d. To verify your account, tap "Request code". You will receive a text, "Your healow CHECK-IN ...", and input that code. Tap "Continue" and then "As Patient".
 - e. Confirm your Patient Information.
 - f. Because this is an occupational medicine chart and separate from your personal health chart, the following instructions apply uniquely to your TB Risk Assessment appointment chart.
 - i. There is no need to add any information under "Additional Contact". Tap "Looks good".
 - ii. There is no need to add any information under Insurance; tap "Looks good".
 - iii. There is no need to add any information under Medications; tap "Next".
 - iv. There is no need to add any information under Allergies; tap "Next".
 - v. There is no need to add any information under Hospitalizations; tap "Next".
 - vi. There is no need to add any information under Surgical History; tap "Next".
5. Your registration and check-in is now complete. You can click the "Add to" icon on the final screen and add this appointment to your personal calendar.

For HWC use, only

Dose 1 ___/___/_____ Dose 2 ___/___/_____ Dose 3 ___/___/_____