

Vaccination/ Testing Authorization Request  
Occupational Exposure to Pathogenic Diseases



**Directions:** A list of positions pre-approved for pre-exposure preventative vaccinations/testing, is located on the Personnel Services, Risk Management website, which should include positions pre-authorized by an MOU or specified in the department's Exposure Control Plan. This form shall be completed and provided to all eligible employees referred for pre-exposure services. A copy of the completed form shall be emailed to Risk Management, attention Devon Benbrook [dbenbrook@co.fresno.ca.us](mailto:dbenbrook@co.fresno.ca.us). Any positions not included on the pre-approved list must be approved by Risk Management prior to referral for pre-exposure services.

Whether pre-approved or upon approval from Risk Management for exceptions, the requesting department shall fax the form to the facility below prior to sending the employee(s) for services.

**Facility name**  
**Attention to**  
**Fax #**

**NOTE:** Per Title 8, 5193, all preventative services are to be paid by the department.

**Employee Information**

Employee Name:

Department:

Job Title:

Description of duties that expose employee:

Work Location:

Services Requested: ☐ Hepatitis B Vaccination ☐ Hepatitis A Vaccination  
☐ TB Skin Test

Current vaccination status if known:

Supervisor requesting services:

Phone No.:

Fax No.:

Date of request:

Signature:

**Billing Information**

Department Name:

Contact Name:

Phone No.:

Street Address:

Floor #:

City:

Zip Code:

**Approval: Risk Management Use Only**

Services authorized: ☐ Hepatitis B Vaccination ☐ Hepatitis A Vaccination  
☐ TB Skin Test

Comments:

Person authorizing services:

Date of authorization:

Signature: