

**Vaccination/ Testing Authorization Request**  
**Occupational Exposure to Pathogenic Diseases**

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**Directions:** Prior to pre-exposure preventative vaccinations/testing, the department shall determine the eligibility of those job titles seeking these services. If not pre-authorized by an MOU or listed on the City wide list of positions with exposure, this completed form shall be emailed to Risk Services, attention Andrew Slater [andrew.slater@stocktonca.gov](mailto:andrew.slater@stocktonca.gov).

Upon approval from Risk Services, the requesting department shall fax the form to the facility below prior to sending the employee(s) for services.

**Dameron Occupational Health**, 420 W. Acacia Street, Suite 19, Stockton, CA 95203  
**Attention to:** Occupational Health Dept., (209) 461-3196  
**Fax #:** (209) 461-3123

**Trinity Occupational Health**, 10200 Trinity Pkwy Ste 204 Stockton, CA 95219  
**Attention to:** Occupational Health Dept., (209) 233-3004  
**Fax #:** (209) 320-8737

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

<b>Employee Information</b>	
Employee Name:	
Department:	
Job Title:	
Description of duties that expose employee:	
Work Location:	
Does employee qualify based on an MOU? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, Unit No:	
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:	
<b>Billing Information</b>	
Department Name:	
Contact Name:	Phone No:
Street Address:	Floor #:
City:	Zip Code:
<b>Approval: Risk Services Use Only</b>	
Services authorized: <input type="checkbox"/> Hepatitis B Vaccination <input type="checkbox"/> Hepatitis A Vaccination <input type="checkbox"/> TB Skin Test <input type="checkbox"/>	
Comments:	
Person authorizing services:	
Date of authorization:	
Signature:	