

Partners
DR DAVID LONGDON
DR PETER SMITH
DR LIZ MALLABAND
DR MARY NICHOLS

Associate
DR DAVID JONES

THE SURGERY
WESTELLA ROAD
YELVERTON
DEVON
PL20 6AS

Tel: 01822 852202
Fax: 01822 852260
www.yelvertonsurgery.co.uk

VAT Reg No. 879108193

Name of Employee / Patient

Date

The above patient has informed the practice that they need Hepatitis B protection due to the nature of their job,

Yelverton surgery is able to offer this as a non-NHS service provided that:

1. The employer has undertaken a full Occupational Health Risk Assessment. Under Health and Safety legislation, it is the **employer** who has responsibility for undertaking the risk assessment and taking action as appropriate. It is therefore the employer's duty, rather than the GP's responsibility to ensure that an 'at risk' employee does not work unless they have been appropriately vaccinated.
2. Where the risk assessment reveals a risk of Hepatitis B, the employer has a duty to act and should make arrangements with a suitable qualified medical service to meet the relevant obligations. This practice is not aware of the situation and hazards within your workplace and does not have the occupational expertise to advise on such risks.
3. The employer meets the full cost of the vaccination(s) and blood tests before any vaccination is administered by the practice. Please note that vaccinations will not be purchased until full payment has been made.
4. The employer takes full responsibility for their employee completing the full course of vaccinations and any subsequent test(s).

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Provision of Hepatitis B vaccination for Occupational Health

Once we have received payment in full, your employee can make an appointment for their first vaccination. Please complete the details below and forward with full payment.

Employee / Patient details	
Name	Date of Birth
Occupation	
Address	
Post Code	

Employer / Details of Business		Contact Name
Name of Business		
Address		
Post Code	Telephone	
Telephone		

Injection(s) required.....(Practice use only)

Agreement of Employer to meet the full cost

Signature..... Position.....

Print Name..... Date.....

Amount Paid.....

PLEASE NOTE – NO IMMUNISATIONS CAN BE GIVEN WITHOUT THIS FORM BEING COMPLETED AND PAYMENT IN FULL