ATTACHMENT F

Documentation of Student/Employee Hepatitis B Vaccination Status

(To be maintained by the providing medical facility.)

Please check all that apply:

1. Hepatitis B Vaccination Series received ________________________________
   a. Date and Location of Administration of the Vaccine/Booster:
      (1) __________________________________________________________
      (2) __________________________________________________________
      (3) __________________________________________________________
      (4) __________________________________________________________
      (5) __________________________________________________________
      (6) __________________________________________________________

2. Antibody Testing indicates employee/student is immune to Hepatitis B _________
   A. Date and Location of Testing
      (1) __________________________________________________________
      (2) __________________________________________________________
      (3) __________________________________________________________
      (4) __________________________________________________________
      (5) __________________________________________________________
      (6) __________________________________________________________

3. Hepatitis B vaccine is contraindicated for medical reasons __________________
4. Employee/student declines the vaccination series (attach signed statement) _______

__________________________________________        ________________________
Signature of Official from University Medical Center       Date