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) __________
   ____________________________________________ ____________________________