

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) _____
