

**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) \_\_\_\_\_

\_\_\_\_\_