

Confidential

HEPATITIS B VACCINE IMMUNIZATION RECORD

Vaccine is to be administered on: _____

Elected dates:

First _____

One month from elected date _____

Six months from elected date _____

Employee Name: _____

Date of first dose: _____

Date of second dose: _____

Date of third dose: _____

Antibody test results - pre-vaccine (optional): _____

Antibody test results - post vaccine (optional): _____

Time interval since last injection: _____

Employee Signature _____