

HBV VACCINATION RECORD

Employee _____ Social Security No. _____
(Print Name and Title)

Pre-Vaccine: Tested for HBV Antibody? No Yes; Date _____ Results _____

Post-Vaccine: Tested for HBV Antibody? No Yes; Date _____ Results _____

HBV VACCINATION: _____
Manufacturer name, lot #, expiration date

Administered By _____ Date _____
(Print Name and Title)

Adverse Reaction? No Yes; Explain _____

Signature and Title of Person Completing This Block (Print Name and Title) Date _____

HBV VACCINATION: _____
Manufacturer name, lot #, expiration date

Administered By _____ Date _____
(Print Name and Title)

Adverse Reaction? No Yes; Explain _____

Signature and Title of Person Completing This Block (Print Name and Title) Date _____

HBV VACCINATION: _____
Manufacturer name, lot #, expiration date

Administered By _____ Date _____
(Print Name and Title)

Adverse Reaction? No Yes; Explain _____

Signature and Title of Person Completing This Block (Print Name and Title) Date _____

*** HBV VACCINATION BOOSTER:** _____
Manufacturer name, lot #, expiration date

Administered By _____ Date _____
(Print Name and Title)

Adverse Reaction? No Yes; Explain _____

Signature and Title of Person Completing This Block (Print Name and Title) Date _____

*** HBV VACCINATION BOOSTER:** _____
Manufacturer name, lot #, expiration date

Administered By _____ Date _____
(Print Name and Title)

Adverse Reaction? No Yes; Explain _____

Signature and Title of Person Completing This Block (Print Name and Title) Date _____

* As stated in the OSHA Regulations published in the December 6, 1991 Federal Register 1910.1030 (f)(2)(v), if a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).