

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: _____

Anti-body test results – pre-vaccine (optional): _____

Anti-body test results – post-vaccine (optional): _____

Time interval since last injection: _____

Employee Signature

Date