## **HBV VACCINATION RECORD**

Employee(Print name & title)	Social Security No	
		14a
	□Yes; Date Resi	
Post-Vaccine: Tested for HBV antibody? □No	□Yes; Date Resi	aits
HBV VACCINATION:		
(Manufacturer name, lot #, expiration da		
Administered by: Adverse reaction? □No □Yes; Explain		e:
Adverse reaction:		
Signature and Title of Person Completing Form Print Name	LTH	Date
Signature and Title of Person Completing Form Print Name	e and Title	
HBV VACCINATION:		
(Manufacturer name, lot #, expiration da Administered by:		e:
Adverse reaction? □No □Yes; Explain		
, 1		
Signature and Title of Person Completing Form Print Name	and Title	Date
HBV VACCINATION:		
(Manufacturer name, lot #, expiration date   Administered by:		e:
Adverse reaction? □No □Yes; Explain		
Signature and Title of Person Completing Form Print Name	e and Title	Date
* HBV VACCINATION BOOSTER: (Manufacturer nan	ne, lot #, expiration date)	
Administered by:	Date	ə:
Adverse reaction?   No  Yes; Explain		
		Data
Signature and Title of Person Completing Form Print Name	e and Title	Date
* HBV VACCINATION:		
(Manufacturer name, lot #, expiration		
Administered by:	Date	e:
Adverse reaction?		
		Date
Signature and Title of Person Completing Form Print Name	e and Title	

<sup>\*</sup> 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) (l) (ii).