

# HBV VACCINATION RECORD

Employee \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Print name & title)

Pre-Vaccine: Tested for HBV antibody? No Yes; Date \_\_\_\_\_ Results \_\_\_\_\_

Post-Vaccine: Tested for HBV antibody? No Yes; Date \_\_\_\_\_ Results \_\_\_\_\_

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**HBV VACCINATION:** \_\_\_\_\_  
(Manufacturer name, lot #, expiration date)

Administered by: \_\_\_\_\_ Date: \_\_\_\_\_

Adverse reaction? No Yes; Explain \_\_\_\_\_

\_\_\_\_\_  
Signature and Title of Person Completing Form Print Name and Title Date \_\_\_\_\_

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**HBV VACCINATION:** \_\_\_\_\_  
(Manufacturer name, lot #, expiration date)

Administered by: \_\_\_\_\_ Date: \_\_\_\_\_

Adverse reaction? No Yes; Explain \_\_\_\_\_

\_\_\_\_\_  
Signature and Title of Person Completing Form Print Name and Title Date \_\_\_\_\_

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**HBV VACCINATION:** \_\_\_\_\_  
(Manufacturer name, lot #, expiration date)

Administered by: \_\_\_\_\_ Date: \_\_\_\_\_

Adverse reaction? No Yes; Explain \_\_\_\_\_

\_\_\_\_\_  
Signature and Title of Person Completing Form Print Name and Title Date \_\_\_\_\_

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**\* HBV VACCINATION BOOSTER:** \_\_\_\_\_  
(Manufacturer name, lot #, expiration date)

Administered by: \_\_\_\_\_ Date: \_\_\_\_\_

Adverse reaction? No Yes; Explain \_\_\_\_\_

\_\_\_\_\_  
Signature and Title of Person Completing Form Print Name and Title Date \_\_\_\_\_

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**\* HBV VACCINATION:** \_\_\_\_\_  
(Manufacturer name, lot #, expiration date)

Administered by: \_\_\_\_\_ Date: \_\_\_\_\_

Adverse reaction? No Yes; Explain \_\_\_\_\_

\_\_\_\_\_  
Signature and Title of Person Completing Form Print Name and Title Date \_\_\_\_\_

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\* 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).