

BLOOD HEPATITIS VACCINATION RECORD

Employee Name: _____

Social Security Number: _____

Job Title: _____

Department: _____

I understand that due to my occupational potential for exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B infection. Accordingly, I wish to be vaccinated against Hepatitis B at no charge to myself. I understand that the vaccination is a series of three injections, and that I must receive all three in a timely manner in order to be protected against Hepatitis B.

Associate Signature: _____

Vaccination Date: _____

Physician's Name: _____

POST-EXPOSURE EVALUATION/FOLLOW-UP

<u>Date:</u>	<u>Evaluation/Follow-up Date:</u>