Appendix E
HBV Vaccination Record Sheet

Employee Name:_____
(Please Print)

Payroll# / Badge #:_____

Department:_____

I have read the Information Statement about hepatitis B infection and the hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of hepatitis vaccination. I understand that I must have three (3) doses of vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I REQUEST THAT IT BE GIVEN TO ME.

It is my responsibility to report back for the injections scheduled after the first dose.

	Employee Signature	Date (mm/dd/yy)	Lot#	HCP Initials
1st Dose				
2nd Dose (1 month after 1st dose)				
3rd Dose (6 months after 1st dose)				

THIS FORM MUST BE PROVIDED TO THE CITY'S EMPLOYEE MEDICAL EVALUATION UNIT AFTER COMPLETION OF EACH DOSE.