

HEPATITIS B VACCINE INFORMATION AND RECORD**CONFIDENTIAL RECORD**

 Employee Name (last, first, middle)

 Social Security No.

 Job Title:

	Hepatitis B Vaccination Date	Lot Number	Site	Administered by
1	<hr/>	<hr/>	<hr/>	<hr/>
2	<hr/>	<hr/>	<hr/>	<hr/>
3	<hr/>	<hr/>	<hr/>	<hr/>

 Additional Hepatitis B status information:

 Post-exposure incident: (Date, time, circumstances, route under which exposure occurred)

 Identification and documentation of source individual:

 Source blood testing consent:

 Description of employee's duties as related to the exposure incident:

 Copy of information provided to health care professional evaluating an employee after an exposure incident:

Attach a copy of all results of examinations, medical testing, follow-up procedures, and health care professional's written opinion.

 Training Record: (date, time, instructor, location of training summary)
