

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				
2				
3				

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)