

Hepatitis B Vaccination Record

Name: _____ **Joining date:** _____

1. Blood test on joining (for previously vaccinated staff) **Y / N** **or**
(please circle)

Evidence of blood test for HbSAb **Y / N**

2. Result _____ Date: _____

3. Booster required? **Y / N**

Date booster administered: _____ Given by: _____

4. Full course of vaccine required? **Y / N**

| | Date administered | Given by (signature) |
|-----------------------------------|--------------------------|-----------------------------|
| Date of 1st injection | | |
| Date of 2nd injection (1 month) | | |
| Date of 3rd injection (6 months) | | |

5. Follow up booster:

| Reason for follow up booster | Date given | Given by (signature) |
|-------------------------------------|-------------------|-----------------------------|
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