

# VACCINATION RECORD FORM

## Hepatitis B Vaccination Record

DEPARTMENT OF NATURAL RESOURCES  
GEORGIA STATE PARKS & HISTORIC SITES

Name: \_\_\_\_\_

Social Security # \_\_\_\_\_

Work Location: \_\_\_\_\_

Position: \_\_\_\_\_

Name of Clinic or office where vaccine was received:

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Date Vaccinated	Lot#	Mfg.	Dosage	Route	Site	Name of Person Giving Vaccine & Title
1. _____ (Initial)	_____	_____	_____	_____	_____	_____
2. _____ (30 day from 1 <sup>st</sup> inoculation)	_____	_____	_____	_____	_____	_____
3. _____ (6 month from initial 5 months from second)	_____	_____	_____	_____	_____	_____