

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:

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