

Hepatitis B Vaccine Documentation Form

Department of Natural Resources
Georgia State Parks & Historic Sites Division

NAME _____

SITE _____

I have received information on the Hepatitis B vaccine and the vaccination program.

It is my understanding that:

1. _____ If I choose to begin the vaccination program, I will be expected to complete the full series of three injections.
2. _____ I will be expected to make, and keep, the appointments for these injections.

Please initial the appropriate statements:

1. _____ I request Hepatitis B vaccine.
2. _____ I do not request the Hepatitis B vaccine. **(Declination form MUST be completed.)**
3. _____ I have already had the Hepatitis B vaccine or have serologic titer of Hepatitis B antibodies which show immune status.
4. _____ I am not pregnant and understand that I should not become pregnant while receiving the vaccine (6 months).

Employee Signature _____ Date _____

Employee Birth Date _____

Witness Signature _____