

FORM H-1
HEPATITIS-B VACCINATION SERIES FORM

Requirement:

You must have documentation for a **completed Hepatitis-B vaccination series** in addition to doing the Hepatitis-B Surface Antibody titer (read ***The 5 Required Titers flyer*** for details). **NONE** of the Hepatitis-B vaccines are "live", so **NO effect on TB Clearance**.

Student's Name: _____

For your Healthcare Provider to fill out:

ORIGINAL HEPATITIS-B VACCINATION RECORD				
DOSE	Date Given	Vaccine	Comment	Rule
1.				
2.				1 month after 1 st
3.				5-6 months after 2 nd (Hepislav-B series only requires 2 doses)

Clinic or Provider Name

Healthcare Provider's Signature

HEPATITIS-B RE-VACCINATION RECORD				
ONLY IF your HepB Surface AB titer returns non-positive; re-titer 1 month after final dose				
Note: Hepislav-B vaccine only requires 2 doses, while all other HepB vaccines require 3 doses				
DOSE	Date Given	Vaccine	Clinic / Provider	Provider Signature
1 st				
2 nd 1 month after 1 st				
3 rd 5-6 months after 2 nd				