UNIVERSITY OF HAWAIʻI
AT MĀNOA
School of Nursing and Dental Hygiene
Office of Student Services

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). *You may submit alternate documentation in place of this form if your documentation contains the exact same information captured by this form.* **NONE** of the Hepatitis-B vaccines are "live".

Student Name:_____

For your Healthcare Provider to fill out:

ORIGINAL HEPATITIS-B VACCINATION RECORD				
DOSE	**Date Given**	**Vaccine**	**Comment**	**Rule**
1.				
2.				**1 month after 1st**
3.				**5-6 months after 2nd** (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**
1st				
2nd **1 month after 1st**				
3rd **5-6** **months after 2nd**				