

## **Biological Safety Program**

## **Bloodborne Pathogens Program**

Form

## **Hepatitis B Vaccination Record Form**

	Department			TU ID # Phone			
_	Supervisor						
ľ	lepatitis B Va	ccination Record:					
OSE	DATE ARM (Deltoid)		Vaccine Lot # /Exp. Date	Provid	er or Practice	RN/MA Signature	
_		L / R					
2		L / R					
3		L / R					
Н	lepatitis B Tit	er Record:		•			
RESU	JLT	DATE	Name of Provider	Name of Provider or Practice		RN/MA Signature	
		j					
	- b t			V	No		
		ies recommended?	0	Yes 🗖	No		
Н		ies recommended? poster Record: ARM (Deltoid	) Vaccine	1	No or Practice	RN/MA Signature	
H DOSE	lepatitis B Bo	oster Record:		1		RN/MA Signature	
Н	lepatitis B Bo	oster Record: ARM (Deltoid	) Vaccine	1		RN/MA Signature	
H DOSE 1	lepatitis B Bo	ARM (Deltoid	) Vaccine	1		RN/MA Signature	
DOSE  1  2  3	DATE  /accination is	ARM (Deltoid  L / R  L / R  L / R  medically contraince record is accura	Vaccine Lot # /Exp. Date  dicated ate to the best of r	Provider my knowledge	or Practice	RN/MA Signature	
DOSE  1  2  3	DATE  /accination is	ARM (Deltoid  L / R  L / R  L / R  medically contraince record is accura	Vaccine Lot # /Exp. Date	Provider my knowledge	or Practice	RN/MA Signature	

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