**HEPATITIS B INOCULATION RECORDS**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SERIES** | **INOCULATION DATE** | **MANUFACTURER** | **LOT NO.** | **EXP. DATE** |
| **1st** |  |  |  |  |
| **2nd** |  |  |  |  |
| **3rd** |  |  |  |  |
| **4th** |  |  |  |  |

 **Hepatitis B Surface Antibody Test Record**

|  |  |  |
| --- | --- | --- |
| **DATE OF TEST** | **ANTIBODY DETERMINED** | **NOT DETERMINED** |
|  |  |  |
|  |  |  |
|  |  |  |