



BARTON COMMUNITY COLLEGE STUDENT HEALTH SERVICES

Hepatitis B Vaccination Record

Name _____
Date of employment _____
Department _____

#1
Date _____
Vaccine-----Hepatitis B
NDC# _____ Company _____
Lot # _____ Expiration Date _____
Site of injection—Right/left deltoid Provider _____

#2
Date _____
Vaccine-----Hepatitis B
NDC# _____ Company _____
Lot # _____ Expiration Date _____
Site of injection—Right/left deltoid Provider _____

#3
Date _____
Vaccine-----Hepatitis B
NDC# _____ Company _____
Lot # _____ Expiration Date _____
Site of injection—Right/left deltoid Provider _____

I agree to allow the release of information for the Hepatitis B vaccine to other health care providers to avoid the need for unnecessary repeat vaccinations as needed.
I have been offered a copy of the Vaccine Information Statement (VIS) for Hepatitis B Vaccine. I have read, had explained to me, and understand the information in the VIS. I consent to receiving the vaccinations.

Employee _____ Date _____