

CONFIDENTIAL

**New Jersey Department of Health
PEOSH Unit**

HEPATITIS B VACCINE IMMUNIZATION RECORD

Vaccine is to be Administered on: _____

Elected Dates:

First: _____

One Month from Elected Date: _____

Six Months from Elected Date: _____

Name of Employee: _____

Date of First Dose: _____

Date of Second Dose: _____

Date of Third Dose: _____

Antibody Test Results – Pre-vaccine (Optional): _____

Antibody Test Results – Post-Vaccine: _____

Time Interval Since Last Injection: _____

Signature of Employee: _____

Date: _____
