



Griffin Hospital Occupational Medicine Center

10 Progress Drive, Shelton, CT 06484

P: 203-944-3718 F: 203-929-3068

Hepatitis B Vaccination & Titer Records

Patient Name: _____

Date of Birth: _____ **SS#** _____

Vaccination Records

Date	Manuf./Lot	Exp.	Location	Provider
Hep B #1				
Hep B #2				
Hep B #3				

Hepatitis B Surface Antibody (Titer)

Titer Drawn _____

Results: Positive Negative

Date	Manuf./Lot	Exp.	Location	Provider
Hep B Booster				

Employee Health Nurse _____



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Hepatitis B Vaccination Consent / Declination Form

Patient Name: _____

Date of Birth: _____ **SS#** _____

AUTHORIZATION TO ADMINISTER HEPATITIS B VACCINATIONS

I received and reviewed the Hepatitis B Vaccination Information Sheet. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of this vaccination and I request it to be given to me.

Signature: _____ **Date:** _____

DECLINATION OF HEPATITIS B VACCINATIONS

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature: _____ **Date:** _____



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