

HEPATITIS B STATEMENT

I, \_\_\_\_\_ HAVE HAD THE SERIES OF  
HEP B VACCINES.

1<sup>st</sup> DOSE TAKEN \_\_\_\_\_

2<sup>nd</sup> DOSE TAKEN \_\_\_\_\_

3<sup>rd</sup> DOSE TAKEN \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

I HAVE BEEN INFORMED OF THE OPPORTUNITY TO RECEIVE THE  
HEPATITIS B VACINE AND HAVE DECLINED TO RECEIVE IT AT THIS TIME.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE