*NTC Program*

**NOTIFICATION OF HEPATITIS B VACCINE AND IMMUNITY TEST FORM**

Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, A NTC student has:

(Please check one)

\_\_\_\_\_ Received the Hepatitis B Vaccine series on:

 First injection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)

 Second injection\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)

 Third injection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)

 And has completed post-injection antibody titer/immunity on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)

\_\_\_\_\_ Has Hepatitis B antibody titer/immunity testing which is indicative of immunity without

 vaccine injections.

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 Name/Title

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 Agency/Office

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address

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 Date