

 QuXAT	Hospital Name:		Document No:	QUXAT/H/F/37
	Title	Hepatitis B Vaccination Form		Page No: Page 1 of 1

Employee Name:
Employee ID:
Department:

Biometric ID:
Designation:

Dosages	Name of the Vaccine	Batch No.	Expiry Date	Date of Vaccination	Given by Signature & Date	Employee Signature & Date
1 st Dose						
2 nd Dose						
3 rd Dose						
4 th Dose (Booster)						

DECLARATION FORM FOR HEPATITIS B VACCINE

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 HBV vaccine, at no charge to myself. However, I decline HBV vaccination at this time. I understand by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Vaccination Declined by the Employee: Yes / No

If, Yes give reasons:

Name:

Signature:

Date:

Verified by: Name: _____ Designation: _____

Note: Recommended dosage schedule for complete protection against Hepatitis B:

1 st Dose	At an elected Date
2 nd Dose	1 month after the 1 st Dose
3 rd Dose	6 months after the 1 st Dose
A Booster is recommended 12 months after the 1 st Dose	
A second Booster dose may be required after 8 years if the titre falls below 10 mIU/mL	

All staff members who are at risk for exposure to clinical materials/samples/at risk of infection should be vaccinated for Hepatitis B. The vaccination records should be filed in the respective personal file of the employee.

Prepared by:	Issued by:	Reviewed by:	Approved by:	Amend Date:	Copy No:
Quality Manager	NABH Coordinator	Medical Superintendent	Medical Director	Amendment No:	
Signature:	Signature:	Signature:	Signature:	Issue Date:	Issue No: