

Name _____

D2. NURSING FACULTY HEPATITIS DOCUMENTATION

A. Hepatitis B (HBV) Immunization

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure and even death. The disease is transmitted by blood and or body fluids and many people will have no symptoms when they develop the disease. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infections. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV Vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

_____ I hereby certify that **I have received one or all doses of the Hepatitis B vaccine.**

Hepatitis B only

Combined Hepatitis A & B

Dates: Dose #1 ____/____/____
MM DD YY

2. Dose #2 ____/____/____
MM DD YY

3. Dose #3 ____/____/____
MM DD YY

or Hepatitis B surface antibody: Date: ____/____/____ Immune ____ Not Immune ____
MM DD YY

_____ I have chosen to decline Hepatitis B vaccination series for this reason:

Signature: _____ **Date:** _____