



Hepatitis B Immunity Status Verification Form

Team Member Name: _____ Date of Birth: ____ / ____ / ____

Facility:

- | | | |
|--|--|--|
| <input type="checkbox"/> Crowne Pointe | <input type="checkbox"/> Bowling Green | <input type="checkbox"/> Peterson Drive |
| <input type="checkbox"/> Woodland | <input type="checkbox"/> Nicholasville | <input type="checkbox"/> Outpatient/Sober Living |
| <input type="checkbox"/> London | <input type="checkbox"/> Paducah | |

Check each applicable option:

- ☐ The team member has proof of previous vaccination (attach proof).
- ☐ The team member declined the vaccine and titer test (attach declination form).
- ☐ The team member declined the vaccine but requested a titer test (attach results).

Date of Titer Test: ____ / ____ / ____

Date of Results: ____ / ____ / ____

Results of Titer Test: _____

Printed Name and Credentials of Reader: _____

- ☐ The team member received the hepatitis vaccine series (attach consent form).

Dose	Date Scheduled	Date Received	Printed Name of Administering Nurse
1	____ / ____ / ____	____ / ____ / ____	
2	____ / ____ / ____	____ / ____ / ____	
3	____ / ____ / ____	____ / ____ / ____	

Comments: _____

Team Member Signature: _____ Date: ____ / ____ / ____

Supervisor, RN, or Provider Signature: _____ Date: ____ / ____ / ____



This form must be returned to HR with proof of vaccination series, declination form, and/or titer results.