

**CONFIDENTIAL**

**Oregon Military Department  
HEPATITUS B VACCINE IMMUNIZATION RECORD**

ECP/BBP Policy 99.200.03 Attachment F

Vaccine to be administered on: \_\_\_\_\_

Elected Dates:

First: \_\_\_\_\_

One Month From elected date: \_\_\_\_\_

Six Months from Elected Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Date of First Dose: \_\_\_\_\_

Date of Second Dose: \_\_\_\_\_

Date of Third Dose: \_\_\_\_\_

Antibody test results – post vaccine (optional): \_\_\_\_\_

Time interval since last injection: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Give form to medical provider  
Return to AGP – Safety Manager