

# Hepatitis B Immunization Documentation Form

Full Name

Date of Birth

ID Number

## Hepatitis B Vaccination Record

Dose	Date Given	Lot Number	Healthcare Provider/Clinic
1st Dose			
2nd Dose			
3rd Dose			

Additional Information (if applicable)

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Signature of Individual/Parent/Guardian

Date

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Signature of Healthcare Provider

Date

*Please attach any supporting vaccination records or laboratory evidence, if available.*