

~~Sample Hepatitis B Vaccine Log~~

Employee Name	SS #	Initial Dose Vaccine Type Lot No. & Initials Date	2 nd Dose — 1 month Vaccine Type Lot No. & Initials Date	3 rd Dose — 6 months Vaccine Type Lot No. & Initials Date	Antibody Response	Boosters & Additional Antibody Testing as Necessary

RESCIND