



Hepatitis B Virus (HBV) Vaccination Status Record

Please indicate your Hepatitis B vaccine status below by signing the option that applies to you. Please return the form to: Michelle Lapo, RN, Health Services

PLEASE CHOOSE ONE OF THE OPTIONS BELOW:

OPTION 1 (Completed the vaccine series):

OPTION 2 (Need the vaccine):

OPTION 3 (Decline the vaccine):
