

**SUMNER COUNTY BOARD OF EDUCATION**

HUMAN RESOURCES DEPARTMENT

695 East Main Street, Gallatin, TN 37066

Phone: (615) 451-5200 Fax: (615) 442-8262

**THE OSHA BLOODBORNE PATHOGENS STANDARD**

**Hepatitis B Vaccine Documentation Form**

\_\_\_\_\_, as an employee of Sumner County Board of Education, consent to take the Hepatitis B vaccinations. I have been informed that this involves a series of three vaccinations. I have also been informed of the possible side-effects and complications as well as the benefits of the series of injections. I understand that the medication will be administered free of cost to me.

**Employee Record of Hepatitis B Vaccination**

(Please Print)

Employee's Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Employee Phone #: \_\_\_\_\_

School/Dept.: \_\_\_\_\_ Job Title: \_\_\_\_\_

**First Injection:**

Date Administered: \_\_\_\_\_ Manufacturer of Vaccine: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Site of Injection: \_\_\_\_\_

Adverse Reaction: \_\_\_\_\_

Person Administering: \_\_\_\_\_ Employee's Initials: \_\_\_\_\_

Comments: \_\_\_\_\_

**Second Injection:**

Date Administered: \_\_\_\_\_ Manufacturer of Vaccine: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Site of Injection: \_\_\_\_\_

Adverse Reaction: \_\_\_\_\_

Person Administering: \_\_\_\_\_ Employee's Initials: \_\_\_\_\_

Comments: \_\_\_\_\_

**Third Injection:**

Date Administered: \_\_\_\_\_ Manufacturer of Vaccine: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Site of Injection: \_\_\_\_\_

Adverse Reaction: \_\_\_\_\_

Person Administering: \_\_\_\_\_ Employee's Initials: \_\_\_\_\_

Comments: \_\_\_\_\_