



Instructions:

1. Employee provides this form to the medical provider.
2. Medical provider completes form.
3. Employee returns form to own department.
4. Department sends copy to EH&S.

Department of Environmental Health and Safety

TO: ENVIRONMENTAL HEALTH AND SAFETY

RE: CONFIRMATION OF HEPATITIS A AND/OR HEPATITIS B VACCINATION

Name: _____ Title: _____

Employee ID: _____

Department: _____ TEL: _____



LICENSED HEALTHCARE PROVIDER

The above-named employee has successfully completed (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Hepatitis A Vaccination Series (2 Shots) | <input type="checkbox"/> Hepatitis B Vaccination Series (3 Shots) |
| <input type="checkbox"/> Hepatitis B Titer | <input type="checkbox"/> Hepatitis B Booster |

COMMENTS:

Examining Physician's Name (Print): _____

Date: _____

Signature: _____

Department: _____