

HEPATITIS B VACCINATION DECLARATION

This form is to be used where a hepatitis B vaccination record is not available.

Student ID Number

Section A: To be completed by the Declarant

I, declare that

I have received an age-appropriate course of hepatitis B vaccination consisting of (insert number) vaccine doses.

The approximate year I was vaccinated against hepatitis B was

I do not have the record of vaccination because:

I make this declaration believing it to be true.

Declared on:

[date]

[signature of declarant]

Section B: To be completed by an Assessor (Section B must be completed before submitting this form).

An Assessor includes: a doctor, authorised nurse immuniser, who has training in the interpretation of immunological test results and vaccination schedules.

Applying my clinical judgement, I am satisfied that the declarant's hepatitis B vaccination history and serology demonstrate compliance and long-term protection.

Assessor Name

Assessor Qualification

Assessor Signature

Date