



**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**

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**PLEASE CHOOSE ONE OF THE OPTIONS BELOW:**

**OPTION 1 (Completed the vaccine series):**

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**OPTION 2 (Need the vaccine):**

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**OPTION 3 (Decline the vaccine):**

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