


HEPATITIS B VACCINATION PATIENT RECORD CARD

Patient Record Card 

Please keep safe and bring card with you for hospital appointments

Patient MRN:

Patient Name:

Healthcare Facility:

Vaccine 1 Date:
Next vaccine dose due:

Vaccine 2 Date:
Next vaccine dose due:

Vaccine 3 Date:
Return for Blood Test on:

Post Vaccination Anti-HBs Titre Level:

It is important that all doses of vaccine are administered

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