



Community Colleges of Spokane HEPATITIS B VACCINATION RECORD

This form is to be completed upon receipt from a CCS employee of the:

- **Service record** from Spokane County Health Immunization Clinic indicating employee has received an HBV vaccination
- **Invoice** for billing (for HBV vaccination to CCS employee) from Spokane County Health Immunization Clinic

Employee name _____

SCC SFCC IEL District Job title _____

Department _____ Building _____ Room no. _____

RECORD OF HEPATITIS B VACCINATION SERIES:

Vaccination no. 1: Date _____

Vaccination no. 2: Date _____

Vaccination no. 2: Date _____

At this time, the **United States Public Health Service (PHS)** does not recommend that an employee receive a booster of the hepatitis B vaccine unless that person has an occupational exposure and blood tests show positive for the virus. In this case, a booster may be administered. Should the **PHS** announce the need for booster hepatitis B vaccine, CCS employees with occupational exposure to bloodborne pathogens or other potentially infectious materials will be informed and will have the option to receive the booster series free of charge.

RECORD OF HEPATITIS B VACCINATION BOOSTER:

BOOSTER no. 1: Date _____

BOOSTER no. 2: Date _____

BOOSTER no. 3: Date _____

A copy of this **Hepatitis B Vaccination Record** must be sent to the CCS Safety office (MS 1016) each time a notice (service record) of Hepatitis B immunization of a CCS employee has been received.