

**The University of North Carolina at Greensboro
Healthcare Professional's Opinion for Hepatitis B Vaccination**

Employee's Name: _____ ID#: _____

**Note: This form is to be completed prior to the administration of an
employee's first Hepatitis B Vaccination.**

To the Evaluating Healthcare Professional:

After you have determined whether there are contraindications to vaccination of this
UNCG employee with Hepatitis B vaccine, please state in the space below **only**

(A) If vaccine was indicated _____ YES _____ NO

(B) If the vaccine was received _____ YES _____ NO

(All other findings are to remain confidential and should not be included on this page).

Additional Comments: _____

Signature: _____ Date: _____

Address: _____

Phone Number: _____

Return completed form to Employee

Copies to UNCG EHS, Employee