

Appendix 9: Hepatitis B Vaccination Declaration

To be used where a hepatitis B vaccination record is not available

Section A: to be completed by the Declarant

I, , declare that
[print name of declarant]

I have received an age-appropriate course of hepatitis B vaccine 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 the Assessor

An Assessor includes: a doctor, paramedic, registered nurse or enrolled nurse, who has training on the policy directive, interpretation of immunological test results and vaccination schedules.

Applying my clinical judgment, 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:.....