

BARTON

ADULT HEALTHCARE

SUGGESTED IMMUNIZATIONS

Hepatitis B Vaccine (HBV)

Check one:

_____ I refuse to receive HBV at this time. I understand the increased risk to health care professionals and have been encouraged to receive this vaccine.

_____ I have received the HBV series of immunization on the dates listed below. Provide documentation.

#1. Date: _____ Yr. _____

#2. Date: _____ Yr. _____

#3. Date: _____ Yr. _____

_____ I have had a Hepatitis B titer. Provide documentation.

Results: _____

Date: _____ Student's Name: _____
(please print)

Student's Signature: _____

Provide the documentation you receive from your doctor, Health Department, or Barton Student Health services along with this form to upload into CastleBranch as required by the program.

I agree, understand and consent that by electronically signing the Suggested Immunizations Form, that my electronic signature is the equivalent of my manual/handwritten signature.

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Date: 02/02/2023