

# Hepatitis B Vaccination Declaration

## Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

This form is to be used where a hepatitis B vaccination record is not available.  
**Please download the form before filling it in.**

Stafflink/candidate ID

### Section A: All sections to be completed by the Declarant in conjunction with an appropriately trained assessor

I, \_\_\_\_\_ declare that  
*[print name of declarant in CAPITAL LETTERS]*

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 an Assessor (Section B must be completed before submitting this form).

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

Applying my clinical judgement, 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