

## **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

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: