

# BOONE COUNTY HEALTH DEPARTMENT

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BOONE COUNTY  
HEALTH DEPARTMENT

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## Hepatitis B Form

I have received the Hepatitis B vaccine at: \_\_\_\_\_ (specific location)  
on the following dates: \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.

-OR-

I have had Hepatitis B in the past and was tested for surface antigens, surface antibodies or core antibodies  
at: \_\_\_\_\_ (specific location).

The results of the test were:

Surface antigen (HBSAG) \_\_\_\_\_

Surface antibodies (HBSAB) \_\_\_\_\_

Core antibodies (HBCAB) \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_