



**STATE OF HAWAII
DEPARTMENT OF EDUCATION**

**EMPLOYEE HEPATITIS B VACCINATION
Personal Record**

Employee's Full Name: (Print) _____

School/Office: _____

Position: _____

() Completed (First) Hepatitis B vaccination (date) _____

Kahu Malama Nurse's signature _____

() Completed (Second) Hepatitis B vaccination (date) _____

Kahu Malama Nurse's signature _____