

# HEPATITIS B VACCINATION PATIENT RECORD CARD

Patient Record Card		emi TOOLKIT
<b>Please keep safe and bring card with you for hospital appointments</b>		
Patient MRN:	<input type="text"/>	
Patient Name:	<input type="text"/>	
Healthcare Facility:	<input type="text"/>	
<u>Vaccine 1 Date:</u>	<input type="text"/>	
Next vaccine dose due:	<input type="text"/>	
<u>Vaccine 2 Date:</u>	<input type="text"/>	
Next vaccine dose due:	<input type="text"/>	
<u>Vaccine 3 Date:</u>	<input type="text"/>	
Return for Blood Test on:	<input type="text"/>	
Post Vaccination Anti-HBs Titre Level:	<input type="text"/>	
<i>It is important that all doses of vaccine are administered</i>		

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