

BOONE COUNTY HEALTH DEPARTMENT

116 W. WASHINGTON STREET - LEBANON, IN 46052

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ENVIRONMENTAL DIVISION
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BOONE COUNTY
HEALTH DEPARTMENT

NURSING & VITAL RECORDS DIVISION
SUITE B202
(765) 482-3942
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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: _____