

Proof of Hepatitis B course + boosters

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|--------------------------------|--|
| Patient/candidates name | |
| Date of birth | |
| Address | |

| Hepatitis B history (To be completed by your GP or Occupational Health department) | |
|--|--------------------------|
| Date of inoculation | Administer by (if known) |
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| Boosters required /due (To be completed by your GP or Occupational Health department) | |
|---|--|
| Date booster is due | |
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Please note we still require serological (pathology report) evidence of immunity to Hepatitis B

| Declaration | | | |
|--|--|----------|--|
| I hereby confirm that the information detailed with this form is present and correct (To be completed by your GP or Occupational Health department) | | | |
| Name | | Position | |
| Signature | | Date | |
| GMC/NMC no | | | |

In order to help with our verification process please ensure that this document is stamped: