



HEPATITIS B IMMUNIZATION

LAST NAME: montgomery

FIRST NAME: Shaderrick

TSCC ID #: A02250737

HAVE YOU COMPLETED A SERIES OF HEPATITIS B IMMUNIZATION? IF "YES" - SEE STEP 1 & IF "NO" SEE STEP 2

HEPATITIS B TITER - TO BE COMPLETED BY YOUR HEALTHCARE PROVIDER.

STEP 1 - IF YOU HAVE COMPLETED A HEPATITIS B SERIES IN THE PAST - HAVE A TITER DRAWN AND COMPLETE THE FOLLOWING
PLEASE NOTE THAT IF YOUR TITER IS NEGATIVE YOU MUST COMPLETE STEP 2.

DATE OF TITER 11/21/23 POSITIVE? ☐ (anti-HBs ≥ 10 mIU/mL) NEGATIVE? ☒ (anti-HBs ≤ 10 mIU/mL) (please identify results with a $\checkmark$)

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) Lindsay Burton, CNP

PHYSICIAN/NURSE PRACTITIONER SIGNATURE Lindsay Burton, CNP

Provider:
Please place office stamp
here (if possible) for
validation purposes

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023

IF YOUR TITER RESULTS ARE POSITIVE - YOU ARE DONE!
IF YOUR RESULTS ARE NEGATIVE - COMPLETE STEP 2 BELOW.

STEP 2 - IF YOU HAVE NOT COMPLETED A HEPATITIS B IMMUNIZATION **OR** IF YOU HAD A NEGATIVE TITER - A FULL 3-PART SERIES IMMUNIZATION IS REQUIRED.

1ST VACCINATION DATE: 11/27/2023 PHYSICIAN/NURSE PRACTITIONER SIGNATURE: Lindsay Burton, CNP

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2ND VACCINATION DATE: 1/30/2024 PHYSICIAN/NURSE PRACTITIONER SIGNATURE: Lindsay Burton, CNP

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3RD VACCINATION DATE: 7/30/2024 PHYSICIAN/NURSE PRACTITIONER SIGNATURE: Lindsay Burton, CNP

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AFTER COMPLETION OF THE FULL 3-PART SERIES, HAVE A TITER DRAWN FOR HEPATITIS B ANTIBODY TO DOCUMENT IMMUNITY:

DATE OF TITER: 5/5/2025 POSITIVE? ☒ (anti-HBs ≥ 10 mIU/mL) NEGATIVE? ☐ (anti-HBs ≤ 10 mIU/mL) (please identify results with a $\checkmark$)

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) Lindsay Burton, CNP

PHYSICIAN/NURSE PRACTITIONER SIGNATURE Lindsay Burton, CNP

#3

LOT: 4139F
EXP: 12/09/25

NDC 58160-821-43

Hepatitis B
Vaccine
(Recombinant)
ENGRIX-B 20 mcg

Mfd. by
GlaxoSmithKline
Biologicals

4957