



HEPATITIS B IMMUNIZATION

LAST NAME: Seithalil

FIRST NAME: Amelia

TSSC ID #: A02360551

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: 10/29/24 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) Lindsey Barton, CRNP

PHYSICIAN/NURSE PRACTITIONER SIGNATURE

L. Barton, CRNP
AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
Provider:
IRMA B. MOORE HALL RM. 102
Please place office stamp
here (if possible) for
validation purposes.
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: 11/8/2024

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2ND VACCINATION DATE: 12/10/2024
TO BE ADMINISTERED 1 MONTH AFTER 1ST DOSE

MS. [Signature]
AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
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3RD VACCINATION DATE: 6/2/25
TO BE ADMINISTERED 6 MONTHS AFTER 2ND DOSE

Lindsey Barton, CRNP
AUBURN UNIVERSITY MONTGOMERY
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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: 7/7/25 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) Lindsey Barton, CRNP

PHYSICIAN/NURSE PRACTITIONER SIGNATURE

L. Barton, CRNP

LOT: 92NK2
EXP: 09/29/26

#1
W. Seithalil
Im
NDC 58160-821-43
Hepatitis B
Vaccine
(Recombinant)
ENGERIX-B
20 mcg/mL
Mfg. by
GlaxoSmithKline
Biologicals
495702

LOT: 92NK2
EXP: 09/29/26

#2
(B. Seithalil)
Im
NDC 58160-821-43
Hepatitis B
Vaccine
(Recombinant)
ENGERIX-B
20 mcg/mL
Mfg. by
GlaxoSmithKline
Biologicals
495702

LOT: T5073
EXP: 04/10/27

#3
(B. Seithalil)
Im
NDC 58160-821-43
Hepatitis B
Vaccine
(Recombinant)
ENGERIX-B
20 mcg/mL
Mfg. by
GlaxoSmithKline
Biologicals
495702