

5123109



HEPATITIS B IMMUNIZATION

LAST NAME LiasFIRST NAME KarymeTSCC ID # A02428952

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 12/2/24 POSITIVE? ☐ (anti-HBs ≥ 10 mIU/mL) NEGATIVE? ☒ (anti-HBs ≥ 10 mIU/mL) (please identify results with a ✓)

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT)

PHYSICIAN/NURSE PRACTITIONER SIGNATURE

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

#1

LOT: 92NK2
EXP: 09/29/26

NDC 58160-821-43
Hepatitis B
Vaccine
(Recombinant)
ENGRIX-B 20 mcg/mL



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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 12/15/2024

PHYSICIAN/NURSE PRACTITIONER SIGNATURE
MONTGOMERY, AL 36124-4023
P.O. BOX 244023

IRMA B. MOORE HALL RM. 102
STUDENT HEALTH CENTER
AUBURN UNIVERSITY MONTGOMERY

2ND VACCINATION DATE 01/06/2025

TO BE ADMINISTERED 1 MONTH AFTER 1ST DOSE

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

#2 (Udet)

LOT: 92NK2
EXP: 09/29/26

NDC 58160-821-43
Hepatitis B
Vaccine
(Recombinant)
ENGRIX-B 20 mcg/mL



LOT: T5D73
EXP: 04/10/27

3RD VACCINATION DATE 7/7/2025

TO BE ADMINISTERED 6 MONTHS AFTER 2ND DOSE

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

M. Fein
FNPC

NDC 58160-821-43
Hepatitis B
Vaccine
(Recombinant)
ENGRIX-B 20 mcg/mL



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

DATE OF TITER 8/2/25 POSITIVE? ☒ (anti-HBs ≥ 10 mIU/mL) NEGATIVE? ☐ (anti-HBs ≥ 10 mIU/mL) (please identify results with a ✓)

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT)

PHYSICIAN/NURSE PRACTITIONER SIGNATURE

Huylen Guthrie, CRNP
Huylen Guthrie