The Transplant Institute
METHODIST DALLAS

Hepatitis B Status Determination

Patient Name:_____

DOB:_____ MRN: MHD_____

Hepatitis B Labs:

Lab Type:_____Result:_____ Date:_____

Lab Type:_____Result:_____ Date:_____

Lab Type:_____Result:_____ Date:_____

Lab Type:_____Result:_____ Date:_____

Immunizations:

Product:_____ Date:_____

Product:_____ Date:_____

Product:_____ Date:_____

Product:_____ Date:_____

Comment:_____

Determination:

☐ **Yes** - series completed, vaccination record provided

☐ **Not vaccinated** – series initiated but not completed due to:
- ☐ Prior Immunity
- ☐ Medical Precaution
- ☐ Time Constraints
- ☐ Patient Objection
- ☐ Product Out of Stock
- ☐ Other: specify_____

☐ **Not vaccinated** – At this time, patient states they have been vaccinated, however, unable to obtain records and patient is **NOT** immune

☐ **Not vaccinated** – At this time, patient states they have been vaccinated, however, unable to obtain records and is patient **IS** immune

☐ **Not vaccinated** – At this time, patient has not initiated vaccination series due to:
- ☐ Prior Immunity
- ☐ Medical Precaution
- ☐ Time Constraints
- ☐ Patient Objection
- ☐ Product Out of Stock
- ☐ Other: specify_____

Recommendations:_____

_____

Reviewed by: _____ Date:_____