

Form for the Medical University of Lodz

**OBLIGATORY HEPATITIS B VACCINATION
(to be filled by a doctor)**

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Student name and surname

1. HEPATITIS B (Three doses of vaccine or a positive = reactive Hepatitis B surface antibody meets the requirement)

1) HEPATITIS B DUE SERIES

YES

NO

2. HEPATITIS B SURFACE ANTIBODY TEST POSITIVE RESULT

YES

NO

Date and place

.....

Doctor's signature and stamp

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