

HEPATITIS B VACCINE VOUCHER

Updated May 2010



KENTUCKY FIRE COMMISSION STATE FIRE RESCUE TRAINING

Date of Shot:			
Dose Received (circle one):	1	2	3
Firefighter Name:			
Firefighter Number:			
Date of Birth:			
Fire Department Number:			
Chief of Department:			

Chief, by signing this form you verify that the above named person is an active firefighter on your department.

Chief Signature: _____

This voucher indicates that the above named firefighter is eligible to receive the dose as indicated above of the Hepatitis B vaccination. After administering the vaccine, sign below and submit this voucher to the Kentucky Fire Commission for reimbursement of the cost of the vaccine and administrative fee.

Health Department Location: _____

Health Department Signature: _____

**The Kentucky Fire Commission does not reimburse for the Hepatitis B Titer Test or the Booster Shot.
The Kentucky Fire Commission will not pay an invoice unless the voucher is **COMPLETELY filled out by everyone.*