



KY Fire Commission
300 North Main Street
Versailles, KY 40383
1 (800) 782-6823

HEPATITIS B VACCINE VOUCHER

Date of Shot: _____
Dose Received*: (Circle one) 1 2 3
Firefighter Name: _____
Social Security #: _____
Fire Department: _____
Chief of Department: _____

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

Chief Signature: _____

Health Center: _____

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.

Employee Signature: _____

**The Kentucky Fire Commission does not reimburse for the Hepatitis B Titer Test or the Booster Shot*

10/07/04



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