



HBV Risk Assessment Form

Date

Name

Address

E-mail address

Risk type

Open wounds / Dangerous Persons / Unclean Tools / Other

Exposure risks

Immunisation Status

Injection 1 / Injection 2 / Injection 3	Y/N	Y/N	Y/N
Titre / immunity certificate	Y/N	Y/N	
5 year booster	Y/N		

Further contact required: YES / NO