



A completed copy of this voucher **MUST** accompany the firefighter to the local **Health Department** or the immunization will not be given. This voucher must be completed by the Fire Chief and given to the Firefighter to take to the Health Department. The Fire Chief or Firefighter should call their local Health Department to schedule an appointment – walk-in service may not be available.

This section is to be completed by the Fire Department prior to going to Health Department*:

Firefighter Name (print full name)	
Firefighter Number (FFN)	
Firefighter Date of Birth	
Chief of Department	
Fire Department Number	

***Note to Health Department: If this section is not FULLY completed do NOT administer the vaccination.**

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

Chief Signature: _____

This section is to be filled out by Health Department staff:

Dose Received (circle only one)	1 st	2 nd	3 rd
Date of this Service			
Health Department District			
Health Department Name			

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 a copy of this voucher and an invoice to the Kentucky Fire Commission Attn: Hepatitis B Admin. 118 James Court Lexington, KY 40505 for reimbursement of the cost of the vaccine plus a \$22.00 administration fee.

Health Department Signature: _____

A separate copy of this form must be presented for each vaccination as each will be billed separately.

*The 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 all parties.*