



## Hepatitis B Acceptance Statement

I, \_\_\_\_\_, have read the above statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of the Hepatitis B vaccination as they are presently known. I understand that it is recommended that I receive three (3) doses of the vaccine over a scheduled period of time. However, as with all medical treatment, there is no guarantee that I will become immune to HBV infection or that I will not experience an adverse side effect(s) from the vaccine.

I have been given a copy of the package insert for the Hepatitis B vaccine to read. I request that this vaccine be given to me. To my knowledge, I am not pregnant.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Information about person to receive vaccine (please print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Signature of person to receive vaccine or person authorized to make request

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Person administering vaccine, please complete the following:

1st Date of Injection: \_\_\_\_\_ Lot Number: \_\_\_\_\_ Signature: \_\_\_\_\_ Location: \_\_\_\_\_

2nd Date of Injection: \_\_\_\_\_ Lot Number: \_\_\_\_\_ Signature: \_\_\_\_\_ Location: \_\_\_\_\_

3rd Date of Injection: \_\_\_\_\_ Lot Number: \_\_\_\_\_ Signature: \_\_\_\_\_ Location: \_\_\_\_\_

### Refusal of vaccine

I have read the above Hepatitis B virus and vaccination information and acknowledge the risk of exposure to Hepatitis B. **I do not** consent to the administration of the vaccine. I agree therefore, to hold all agents, officials, servants, or employees harmless if I should contract this disease during or after my schooling or employment.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_