

## **Consent Form For Hepatitis B Vaccine**

I have read the attached statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to be informed and to ask questions, and I understand the benefits and risks of Hepatitis B vaccinations. I understand that I must have three (3) doses of vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine.

I request the vaccine be given to me.

\_\_\_\_\_  
Employee Name (print)

\_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date

\_\_\_\_\_  
Witness Signature \_\_\_\_\_ Date

RESCIND