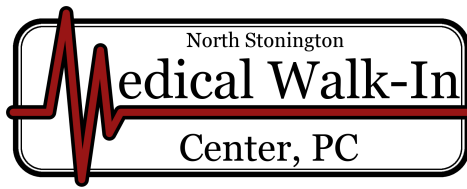


82 Norwich-Westerly Road  
North Stonington CT 06359



Phone: (860)599-2469  
Fax : (860)599-2830

## **Hepatitis B Vaccination Consent**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ SSN: \_\_\_\_\_

Have you ever received the Hepatitis B series? Yes / No

If yes, when? \_\_\_\_\_  
Do you believe you have been exposed to Hepatitis B? Yes / No

Have you had an adverse reaction to Hepatitis B vaccine in the past? Yes / No

Do you have any severe allergies? Yes / No

If yes, please list: \_\_\_\_\_

Do you have a life-threatening allergy to baker's yeast? Yes / No

I have read, or had explained to me, the information sheet relating to the Hepatitis B Vaccine. I have been given the chance to ask questions and have been provided answers by this medical practice. I understand the benefits and risks of the vaccination as described in the information sheet provided.

I request the Hepatitis B vaccine series be given to me (or to the person for whom I am authorized to make this request). I understand that the initial vaccination is given in a series of three scheduled injections. I understand that the Hepatitis B booster is given as one injection as necessary (usually as a result of low immunity reported through lab blood test).

I authorize the release of any medical or other information necessary to process a Medicare or insurance claim.

\_\_\_\_\_  
Signature(or Parent/Guardian)

\_\_\_\_\_  
Date

### For office use only:

Immunization 1:

Date: \_\_\_\_\_ Med  
Staff: \_\_\_\_\_

Dosage: \_\_\_\_\_  
\_\_\_\_\_

Injection  
site: \_\_\_\_\_  
—

Manufacturer: \_\_\_\_\_

Immunization 2

Date: \_\_\_\_\_ Med  
Staff: \_\_\_\_\_

Dosage: \_\_\_\_\_  
\_\_\_\_\_

Injection  
site: \_\_\_\_\_  
—

Manufacturer: \_\_\_\_\_

Immunization 3

Date: \_\_\_\_\_ Med  
Staff: \_\_\_\_\_

Dosage: \_\_\_\_\_  
\_\_\_\_\_

Injection  
site: \_\_\_\_\_  
—

Manufacturer: \_\_\_\_\_

\_\_\_\_\_

Lot No. \_\_\_\_\_

Exp: \_\_\_\_\_

\_\_\_\_\_

Lot No. \_\_\_\_\_

Exp: \_\_\_\_\_

\_\_\_\_\_

Lot No. \_\_\_\_\_

Exp: \_\_\_\_\_