



Battle Creek



Affix Patient Label

Hepatitis B Vaccine Administration Record and Consent Form

Patient Name: _____ Birth Date: _____

Vaccine administrator: Before administering any vaccine, make sure the parent or guardian understands the risks and benefits of the vaccines and that their questions have been answered to their satisfaction. Make sure to give the parent or guardian an updated immunization record at every visit.

Vaccine: Hepatitis B – 1 (IM)	Expiration Date:
Vaccine Information Sheet Given: Yes <input type="checkbox"/> No <input type="checkbox"/>	Vaccine Manufacturer:
Vaccine Information Statement Revision Date: 02/02/2012	Signature of Vaccine Administrator
Dose: 0.5mL	
Site Given: lt arm, rt arm, lt thigh, rt thigh	
Vaccine Lot #:	Date Given: _____ Time Given: _____

CONSENT:

I have been given a copy and have read or have had explained to me the information on this form about hepatitis B immune globulin, and hepatitis B vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of hepatitis B immune globulin and the hepatitis B vaccine and request that these be given to me or to the person named below for whom I am authorized to make this request.

Information about person to receive vaccine (Please Print)

Last Name first Name Middle Initial Birth Date Age

Address

City County State Zip

X _____
Signature of person to receive immunogen or person authorized to make the request. Date Time

Witnessed by: Signature Date Time