

## HEPATITIS B VACCINE CONSENT FORM

I (print name) \_\_\_\_\_ have read the information provided by my center about hepatitis B and hepatitis B vaccine. I have had the opportunity to ask questions about the vaccine. I understand the following: 1) benefits and risks of hepatitis B immunization; 2) a minimum of three doses of hepatitis B vaccine are recommended for the vaccine to be fully effective; 3) there is no guarantee that a person immunized will become immune; and 4) side effects may be experienced from the vaccine.

---

I request that the vaccine be given to me during my employment at this center. Should I terminate my employment prior to being fully immunized this center's obligation to provide the vaccine terminates as well.

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

Keep a copy for your file and give one to employee