



Twin Cities Occupational Health and Rehabilitation®

Back to work! Back to play! Back to life!

Patient Informed Consent Form: Hepatitis B Vaccination (please sign under either the consent or decline statements)

Consent:

I have read the information on the Vaccine Information Sheet and have had an opportunity to ask questions. I understand the benefits and risks of Hepatitis B vaccine. I understand that I must have 3 doses of the vaccine to confer immunity. As with all medical treatments, there is no guarantee that I will become immune. I consent to receiving the 3-dose Hepatitis B Vaccine.

Signature : _____ Date: _____

Decline:

I decline the Hepatitis B Vaccine, understanding the implications of not receiving the vaccine, given the exposure risk of my employment and / or personal lifestyle.

Signature : _____ Date: _____

DO NOT WRITE BELOW THIS SPACE: FOR CLINIC USE ONLY

Manufacturer	Lot Number	Exp. Date	Vac Info Sheet Provided	Date of Vac. Info Sheet	Site	Vaccine Administered by	Date Vaccine Given
1.			Y N	7/18/07			
2.			Y N	7/18/07			
3.			Y N	7/18/07			

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