

HEPATITIS IMMUNIZATION CONSENT FORM

I have received and read the information fact sheet concerning Hepatitis B. I understand the benefits and risks of the vaccine and consent to be immunized against HEPATITIS B by receiving three (3) injections of ENGERIX – B., or Twinrix for Hepatitis A and B. Proof of the first of three injections is sufficient for program admission.

Name: _____ Date of Birth: _____

Address: _____

Phone #: _____

Personal Health Number: _____

Signature: _____

Date: _____

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For Clinic Use Only:

First Dose:	Second Dose:	Third Dose:
Date of Vaccination	Date of Vaccination	Date of Vaccination
Manufacturer Lot #	Manufacturer Lot #	Manufacturer Lot #
Injection Site	Injection Site	Injection Site
Given By	Given By	Given By