

Berrien Regional Education Service Agency
711 St. Joseph Avenue
Berrien Springs, Michigan 49103

HEPATITIS B VACCINE CONSENT/WAIVER

I understand the potential health risks of Hepatitis B exposure and the methods available to decrease my risks.

I understand that receiving the vaccination series is strongly recommended by the Michigan Department of Community health and the Centers for Disease Control for anyone at risk, and declining the vaccination series could result in a potentially fatal illness. I have received a copy of Hepatitis B Vaccine: What You Need To Know, provided by the CDC.

I understand that a small percentage of individuals who receive the vaccination series may not acquire sufficient antibodies to protect them from exposure to the virus. This means that it may be possible to get Hepatitis B even after having received the vaccination series.

I understand that 15-17% of people vaccinated have some mild, adverse reactions; most commonly, discomfort at the site of injection, fatigue, and malaise. There have been very rare reports of more serious reactions for which a causal relationship has not been clearly established.

I also understand that, should I accept the vaccination series, it is my responsibility to complete the series of three injections, as recommended. The second vaccination in the series will be administered at least 6-8 weeks after the first injection, and the final injection will be administered six months from the first injection.

_____ I certify that I am not pregnant or breast feeding

_____ I want to receive the Hepatitis B vaccination series

_____ I decline the vaccination series at this time, but understand that I may start it at any time in the future.

NAME

DATE

SIGNATURE

DATE

WITNESS

DATE

ALLERGIES: _____

INJECTION #1

Last menstrual period (if applicable)

Injection Site/Dosage

Lot Number/Expiration Date

Administered by

Date

INJECTION #2

Last menstrual period (if applicable)

Injection Site/Dosage

Lot Number/Expiration Date

Administered by

Date

INJECTION #3

Last menstrual period (if applicable)

Injection Site/Dosage

Lot Number/Expiration Date

Administered by

Date