

Employee Hepatitis B Vaccine Consent

St. Cloud School District: _____

Department: _____

I have been given a copy of and have read or have had explained to me the information about Hepatitis B 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 the Hepatitis B vaccine, and request that it be given to me or to the person named below for who I am authorized to make this request.

Employee's Printed Name

Employee's Signature

Date