



Appendix 11-E Hepatitis B Vaccine Approval Form

I, _____, wish to receive a series of three vaccinations for Hepatitis B. The vaccine is prepared from yeast cultures and is free from association with human blood. I understand I must remain in the first aid room for observation for 15 minutes following the injection.

Employee Signature:		Date:	
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Please Complete:

Known Medical Allergies: _____

Any known medical conditions: _____

*(If the possibility of pregnancy exists,
you must first discuss risks with your
Physician)*

<u>Injection #1 given:</u>		
	(Date)	(Nurse's Signature)

(Lot #)	(Agent)	(Dose)	(Route)	(Site)

<u>Injection #2 given:</u>		
	(Date)	(Nurse's Signature)

(Lot #)	(Agent)	(Dose)	(Route)	(Site)

<u>Injection #3 given:</u>		
	(Date)	(Nurse's Signature)

(Lot #)	(Agent)	(Dose)	(Route)	(Site)