

# STUDENT HEPATITIS B VACCINE CONSENT AND RECORD FORM

I have read the attached statement about Hepatitis B and the Recombivax vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have 3 doses of vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I wish to receive the Recombivax vaccine. I also understand that only a Hepatitis B titer will verify my immune status.

_____ Student Receiving Vaccine	_____ Student SS#	_____ Student Signature	_____ Date
<b>Self Report: Date Vaccinated</b>	<b>Brand Name and Lot # of Vaccine</b>	<b>Vaccine Administered by:</b>	

Titer Date: \_\_\_\_\_ Titer Results: \_\_\_\_\_

**Note: Should you Consent to be vaccinated for Hepatitis B, this form must be received by the Program prior to enrolling in FSC 624 Biochem.**