Hepatitis B Immunization Consent Form

I have read the "Hepatitis B Immunizations for Health Education Student Information Sheet." I understand the benefits and risks of receiving the immunization, both to myself and to the patients I will be caring for in the future. I will indicate with an "X" in the box for the statement that best applies to me.

☐ 1. I have antibodies for hepatitis, e.g. Hepatitis B surface antibody, and will provide documentation.

☐ 2. I am currently in the process of receiving the immunization series and will turn in the documentation after each injection. (Applicable for all programs: Nurse Aide, Practical Nursing, LPN-RN Transition, Associate Degree in Nursing and Surgical Technology.)

I will also obtain Hepatitis B Surface Antibody titer (HBsAb) 4-6 weeks after the final injection if required by my program. (Note: Long Term Care Nurse Aide, Practical Nursing, LPN-RN Transition, Associate Degree in Nursing and Surgical Technology programs require the HBsAb titer).

For Statement 2:

Injection #1: ____________________________
Date

Injection #2: ____________________________
Date

Injection #3: ____________________________
Date

Indicate (✓) Nursing Program:

□ Long Term Care Nurse Aide
□ Practical Nursing
□ LPN-RN Transition Program
□ Associate Degree in Nursing
□ Surgical Technology Program

Student’s Signature

____________________________________
Date

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