

## Form 9-a5

### 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.

<b>Employee Signature:</b>		<b>Date:</b>	
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**Please Complete:**

Known Medical Allergies:

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Any known medical conditions:

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

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**Injection #1 given:**

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(Date)

(Nurse's Signature)

--	--	--	--	--

(Lot #)

(Agent)

(Dose)

(Route)

(Site)

**Injection #2 given:**

--	--

(Date)

(Nurse's Signature)

--	--	--	--	--

(Lot #)

(Agent)

(Dose)

(Route)

(Site)

**Injection #3 given:**

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(Date)

(Nurse's Signature)

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(Lot #)

(Agent)

(Dose)

(Route)

(Site)