



## Consent to Receive Hepatitis B Vaccination

Date: \_\_\_\_\_

Health Services  
 Mat-Su Borough School District  
 501 N. Gulkana  
 Palmer, AK 99645  
 P: (907) 746-9200 || F: (907) 761-4089

**Consent to Receive:** I have read the vaccine information sheet (VIS), which can be obtained at [https://www.immunize.org/vis/vis\\_hepatitis\\_b.asp](https://www.immunize.org/vis/vis_hepatitis_b.asp), and the District [Exposure Control Plan](#) (available on the Employee Knowledge Base). I have had an opportunity to ask questions and I understand the risks and benefits of Hepatitis B vaccination. I understand that I must receive three doses of vaccine to complete the series. However, as with all vaccines, there is no guarantee that I will, in fact, become immune or that I will be free from adverse side effects from the vaccine. I understand that my decision to receive or not receive the vaccine will have no effect on my employment status. Furthermore, I assume the responsibility of adhering to the appointment dates set for the three injections. (Initial Shot, Shot #2 30 days after initial, Shot #3 6 months from initial).

**I hereby request to receive the Hepatitis B Vaccine Series.**

**Signature:** \_\_\_\_\_

In compliance with Alaska 7 AAC 27.650., Health care providers that provide vaccines must report information concerning the patient and immunization received to the immunization information system (VacTrAK) maintained by the Department of Health and Social Services. By signing this consent to receive the Hepatitis B vaccine series, I understand that the health care provider giving me the vaccine will access VacTrAK and record necessary information about this vaccine into VacTrAK.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Position: \_\_\_\_\_  
 School or Facility: \_\_\_\_\_

Injection	Date	Provider's Name (Print)	Signature
<b>Dose #1</b> Site : _____ Manfc: _____ Lot#: _____ Exp Date: _____ VIS Date: _____			
<b>Dose #2</b> Site : _____ Manfc: _____ Lot#: _____ Exp Date: _____ VIS Date: _____			
<b>Dose #3</b> Site : _____ Manfc: _____ Lot#: _____ Exp Date: _____ VIS Date: _____			

*Send original completed document to Risk Management once recorded in immunization information system.*