

LEXINGTON SCHOOL DISTRICT ONE
Employee Hepatitis B Vaccination Consent Form

Administration: The vaccine is administered intramuscular in three doses. The second dose follows the first by one month, and the third dose is given six months from the first. According to available data, the immunity will last about five-seven years in persons who have received all three doses.

I have read the above statement about hepatitis B and Hepatitis B vaccine. I have attended the required educational session, have had an opportunity to ask questions, and understand the benefits and risks of the Hepatitis B vaccination. I understand that I must have three (3) doses of vaccine to become immune. 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. If pregnant, I understand that my physician's permission to take the vaccine is required. (Copy of permission attached.)

 Employee Signature

 Date

 Employee Name (Print)

 Work Location

 Social Security Number

Dates Vaccinated:

Medication Type:

1. _____

2. _____

3. _____
