



**SUNY  
DOWNSTATE**  
Medical Center

University Hospital of Brooklyn  
College of Medicine  
School of Graduate Studies  
College of Nursing  
College of Health Related Professions

Student/Employee Health Service

**HEPATITIS B CONSENT**

I \_\_\_\_\_ have read and understand the  
(Print Name)

Statement about Hepatitis B 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 three (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 request that it be given to me.

\_\_\_\_\_  
(Signature of Person receiving Vaccine)

\_\_\_\_\_  
(Box#)

\_\_\_\_\_  
(Date Signed)

DATE	DUE DATE VACCINATED	LOT #/EXP DATE	ADMINISTERED BY
Dose #1 _____	_____	_____	_____
Dose #2 _____	_____	_____	_____
Dose #3 _____	_____	_____	_____
Booster _____	_____	_____	_____

**DECLINATION  
TO HEPATITIS B VACCINE**

I \_\_\_\_\_ understand that due to my occupational exposure to blood  
(Print Name)  
or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to receive hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me therefore I am declining it at this time.

\_\_\_\_\_  
(Signature of Person declining Vaccine)

\_\_\_\_\_  
(Date Signed)

Or

I \_\_\_\_\_ claim to have previously received  
(Print Name)

Hepatitis B Vaccine from \_\_\_\_\_  
(Print Name Person/Facility/Date Vaccine Received)