

HEALTHLINE MEDICAL GROUP

HEPATITIS B (HBV) VACCINE INFORMED CONSENT AND WAIVER

EMPLOYEE NAME: _____

DATE: _____

I realize that the Hepatitis B (HBV) immunization must be given in three (3) separate injections.

DATE: _____ TIME: _____ SIGNATURE: _____

WITNESS: _____

HEPATITIS VACCINE SERIES DOCUMENTATION

INITIAL DOSE: _____ LOT# _____

GIVEN BY: _____ DATE: _____

1 MONTH DOSE: _____ LOT# _____

GIVEN BY: _____ DATE: _____

6 MONTH DOSE: _____ LOT# _____

GIVEN BY: _____ DATE: _____

**FEMALE EMPLOYEES: I HEREBY ACKNOWLEDGE I SHOULD NOT
RECEIVE THE HEPATITIS B (HBV) VACCINE IF I AM PREGNANT OR
SUSPECT THAT I MAY BE PREGNANT.**

DATE: _____ TIME: _____

SIGNATURE: _____

WITNESS: _____

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