

Baltimore City Health Department Consent Form for Hepatitis B Vaccine

Instructions:

1. Read the attached Hepatitis B Vaccine Information Sheet, VIS, dated 7/11/2001.
2. If you want your child to receive the Hepatitis B vaccine at school, complete Sections A, B, C, and D.
3. If your child has received the complete Hepatitis B vaccine series, complete Sections A and B.
4. Sign the reverse side and return the completed form to the school nurse.

SECTION A: STUDENT INFORMATION (Please Print)

Student's Last Name _____ Student's First Name _____
 Birthday _____ Age _____
 School Name _____ School Number _____ Grade _____
 Address _____ Home Phone Number _____
 Parent/Guardian Name _____ Work Phone Number _____

SECTION B: PREVIOUS HEPATITIS B IMMUNIZATIONS

If your child has previously been vaccinated against Hepatitis B, please complete the information below. You should contact your child's medical provider if you are unsure of the dates or vaccination status. You may also attach your child's immunization record for verification.

Dose 1 Date MM/DD/YY	Dose 2 Date MM/DD/YY	Dose 3 Date MM/DD/YY

SECTION C: Student Health History (place "X" in the correct column)

Please answer 'yes' or 'no' for all questions below. The nurse will screen your child for any reasons that might prevent him/her from getting the vaccine. Please have your child discuss any concerns/questions with the nurse.

Health History Questions	No	Yes	If "yes", briefly describe
Do you have a fever or are you sick today? (to be asked by nurse day of the clinic)			
Serious medical conditions requiring a doctor's care?			
Currently taking over-the-counter or prescription medications?			
Previous reaction(s) to any immunizations?			
Known allergy to baker's yeast?			

TURN OVER AND COMPLETE INFORMATION ON BACK



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SECTION D: HEPATITIS B VACCINE CONSENT

I, the undersigned parent or guardian, have read or had explained to me the attached VIS regarding the Hepatitis B vaccine, dated 7/11/2001. Any questions have been answered to my satisfaction. I ask to have my child vaccinated against Hepatitis B. ***Unless cancelled in writing, this request is valid for the time period needed to give the three doses of the vaccine if required. I understand a VIS and notification of vaccination form will be sent home with my child prior to each subsequent Hep B vaccine. The second Hep B is given 1- 2 months after the first dose and the third Hep B is given 4 – 6 months after the first dose.*** I also acknowledge that I have received, been offered, or have received in the past a copy of the Notice of Privacy Practices, dated 03/06.

Signature of Parent/Guardian _____
Print Name of Parent/Guardian _____ Date _____

Student's Name _____ **DOB** _____ **School Name #** _____

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For Nurse's Use Only

Vaccine Hep B	Manufacturer	Date	Lot #	Dose Amt	Exp Date	Site Deltoid	Initial/Sign. of Administrator*	Date VIS provided
Dose #1						R L		Hep B 7/11/01
Dose #2						R L		Hep B 7/11/01
Dose #3						R L		Hep B 7/11/01

* Initials, Name, Title, Address of Vaccine Administrator _____

Dose1 _____

Dose2 _____

Dose3 _____

Notes

- Second dose of Hep B vaccine should be given by this date (8 weeks after first dose) _____.

Hep B VIS 7/11/01 and vaccine notification form for dose #2 sent home, (date) _____.

Nurse's Name/Signature

- Third dose of Hep B vaccine to be given by this date (3 - 4 months after second dose) _____.

Hep B VIS 7/11/01 and vaccine notification form for dose #3, sent home (date) _____.

Nurse's Name/Signature