



HEPATITIS B VACCINE ADMINISTRATION RECORD

PLEASE PRINT THE FOLLOWING INFORMATION

NAME _____ DATE OF BIRTH _____
Last First M.I.

ADDRESS _____ IL _____
street city zip county

SOCIAL SECURITY # _____ TELEPHONE (217) _____ (Daytime)

"I have read or have had explained to me information provided by the Campus Health Service regarding Hepatitis B and its vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits as well as the risks of the Hepatitis B vaccine, and I have given permission to have the vaccine administered to me."

SIGNATURE **X** _____ TODAY'S DATE _____

FOR CLINIC/OFFICE USE ONLY

Date Vaccine Administered ____/____/____ Site of Injection _____ Deltoid

Vaccine Manufacturer: _____ Vaccine Lot #: _____ Exp.: _____

Signature of Vaccine Administrator _____, R.N.