Appendix 11-E
Hepatitis B Vaccine Approval Form

I, _____, wish to receive a series of three vaccinations for Hepatitis B. The vaccine is prepared from yeast cultures and is free from association with human blood. I understand I must remain in the first aid room for observation for 15 minutes following the injection.

Employee Signature:		**Date:**	

Please Complete:

Known Medical Allergies: _____

_____

Any known medical conditions: _____

(If the possibility of pregnancy exists, you must first discuss risks with your physician) _____

Injection #1 given:

(Date)	(Nurse's Signature)

(Lot #)	(Agent)	(Dose)	(Route)	(Site)

Injection #2 given:

(Date)	(Nurse's Signature)

(Lot #)	(Agent)	(Dose)	(Route)	(Site)

Injection #3 given:

(Date)	(Nurse's Signature)

(Lot #)	(Agent)	(Dose)	(Route)	(Site)