



HEPATITIS B VACCINATION (HBV) SERIES CONSENT FORM

Xpress Location: _____ Date: _____

Patient Name: _____

- I hereby authorize Xpress Urgent Care to vaccinate me against the hepatitis B virus (HBV). I understand that the injections are given over a period of six (6) months before it is effective in preventing the disease.
- **Risks and Possible Side Effects:** Occasional side effects resulting from HBV immunization include, but are not limited to, pain, itching, bruising at the injection site, sweating, weakness, chills, flushing and tingling; as well as other side effects, warnings and contraindications and the manufacturer’s information sheets.

Patient Initials Required:

_____ I have been informed and fully understand the benefits, potential risks and consequences associated with the Hepatitis B Vaccine as noted above.

_____ I hereby voluntarily give informed consent to the injection of a Hepatitis B Vaccination Series (series of three (3) intramuscular injections). A copy of this consent will become a permanent part of my medical records.

Refusal of Vaccination

_____ I hereby decline to give my informed consent to the injection of a pneumococcal vaccine. By declining to give my consent, I understand that I will not be vaccinated against the pneumococcal disease.

_____ I have received my Hepatitis B Vaccination series from another provider.

Injection #1 Date: _____

Lot Number: _____ Expiration Date: _____

Injection Site: Deltoid Right Left

Injection #2 Date: _____

Lot Number: _____ Expiration Date: _____

Injection Site: Deltoid Right Left

Injection #3 Date: _____

Lot Number: _____ Expiration Date: _____

Injection Site: Deltoid Right Left

Signature: _____ **Date:** _____

Relationship, if not patient: _____

Provider Signature: _____