

## Hepatitis A & B Vaccine Consent Form

*Please advise nurses if you have any questions or concerns prior to vaccination  
All sections must be completed before vaccination can begin*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Contact No: \_\_\_\_\_ Gender: Female Male

Employer: \_\_\_\_\_ Employer Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Before receiving the vaccine, please read and answer the following questions:

Have you received a Hepatitis vaccine before? ☐ Yes ☐ No

Have you had a severe reaction following any Vaccine? ☐ Yes ☐ No

Are you currently unwell or suffering from a feverish illness? ☐ Yes ☐ No

Do you have a bleeding disorder? ☐ Yes ☐ No

Do you have Any Severe Allergies? ☐ Yes ☐ No

Do you have a Chronic Illness? ☐ Yes ☐ No

Do you have a past history of Guillain-Barre` Syndrome? ☐ Yes ☐ No

Do you have a disease which lowers immunity (eg. Leukemia, Cancer, HIV/AIDS)

Or are you having treatment which lowers immunity (eg. Oral steroid medicines such as

Cortisone and prednisone, radiotherapy, chemotherapy) ☐ Yes ☐ No

Women only: Is there a possibility that you could be pregnant? ☐ Yes ☐ No

Have you had any vaccine in the past month? ☐ Yes ☐ No

Have you had an injection of immunoglobulin, or received any blood products or

a whole blood transfusion within the past year? ☐ Yes ☐ No

**NOTE:** Please ask your Doctor/ Nurse questions about this information or any matter relating to vaccination before the vaccines are given.

Before any vaccination takes place, the immunisation service provider will ask you

☐ Did you understand the information provided to you about the immunisation?

☐ Do you need more information to decide whether to proceed?

**By signing this form that I consent to the Hepatitis A & B vaccination to be administered by the health personnel from Redimed Pty Ltd.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_