

Mores Creek Ambulance

Hepatitis B Vaccine Record

Members Name _____

Social Security Number _____

_____ *Hepatitis B vaccination is recommended for this member:
vaccination received.*

Date

_____ *Injection # 1*

_____ *Injection # 2 (one month after 1st injection)*

_____ *Injection # 3 (six months after 1st injection)*

_____ *Titer drawn, date* _____ *Converted Y /*

N

_____ Hepatitis B vaccination is recommended for this member;
vaccination not received*.

_____ Hepatitis B vaccination is not recommended for this member;
vaccination not received.

(*) Received Hepatitis series in the past or member refuses vaccination.

I (print name) _____ have been
offered the Hepatitis B series at by Mores Creek Ambulance (MCA) at
no charge but it is my choice not to receive the vaccination. I do understand
the risks involved and the potential for contracting Hepatitis and will not
hold MCA responsible if I get Hepatitis B. I do understand the MCA
will provide access to the vaccination should I change my mind and request
vaccination.

Signature _____ *Date*

Infection Control Officer's signature

_____ *Date*

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