

Employee Hepatitis B Vaccine Consent

School District: St Cloud School District

Department: _____

I have been given a copy of and have read or have had explained to me the information about hepatitis B and hepatitis B vaccine. I have had a chance to ask question which were answered to my satisfaction. I believe I understand the benefits and risks of the hepatitis B vaccine, and request that it be given to me or to the person named below for who I am authorized to make this request.

(Employee's Printed Name)

(Employee's Signature)

(Date)

(Supervisor/Principal Printed Name)

(Supervisor/Principal Signature)

(Date)