

HEPATITIS B VACCINE
Information sheet and Consent form

Vaccine Used: Enderix B (Recombinant), Yeast Based.

Precautions: Are you allergic to Yeast Products? Yes ___ No ___
Are you allergic to Thimerosal? Yes ___ No ___
Have you had the Hepatitis B vaccine previously? Yes ___ No ___
Circle all that apply. #1, #2, #3
Have you had any adverse reactions to previous Hepatitis B vaccine?
Yes ___ No ___
If yes, please list any adverse reactions to the vaccine.
Any reason to believe you are pregnant at this time? Yes ___ No ___
Do you currently have a serious active infection? Yes ___ No ___
Are you in generally good health at this time Yes ___ No ___
If no, list ailments.

Most Common reactions, if any, due to Hepatitis B vaccination include, local soreness and/or redness at injection site. Please use cold packs for 20-30minutes, 3 to 4 times over a 24 hour period.

Blood Pressure _____ Temperature _____

I have read and completed the information sheet, and have had an opportunity to ask questions. I request that the Hepatitis B vaccine be administered to me by the staff of Student Health Services, at Eastern Kentucky University.

Name _____
(print) Last First
Address _____
(local)
Signature _____
(person receiving vaccine)

Date given _____ Time _____
Manufactured by: GlaxoSmithKline Biologicals Lot # _____ Expiration date _____
Site and Route: Enderix B 20mcg/ml, 1.0ml IM to _____ deltoid.

Signature _____
(health care professional administering)

