

HEPATITIS B VACCINE  
Information Sheet and Consent Form

Vaccine Used: Recombivax HB (Recombinant), Yeast Based.  
Without preservative

Precautions: Are you allergic to Yeast Products? Yes\_\_No\_\_

Have you had the Hepatitis B vaccine previously? Yes\_\_No\_\_  
Circle all that apply. #1, #2, #3

Have you had any adverse reaction to previous Hepatitis B vaccine?  
Yes\_\_No\_\_

If yes, please list any reactions to the vaccine.

Have you received any vaccines within the past 6 weeks? Yes\_\_No\_\_

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 – 30 minutes, 3 to 4 times over a 24 hour period.

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)

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Date given \_\_\_\_\_ Temperature \_\_\_\_\_

Manufactured by: Merck & Co. Inc. Lot # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Site and Route: Recombivax HB 10mcg/ml, 1.0ml IM to \_\_\_\_\_ deltoid.

Signature \_\_\_\_\_  
(Health care professional administering)