



School of Nursing
Hepatitis B Vaccine Series Verification Form

I, Laura Lambert, have read the attached statement about Hepatitis-B and the Hepatitis-B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis-B vaccination. Upon completion of the vaccination series, I will have titers drawn to verify my immunity to Hepatitis B. I further understand that I have the option of receiving the vaccine or refusing it.

I consent to receive the vaccine and will take the responsibility for making the arrangements to receive the vaccine at my own time and expense and will return this completed form to my Program Coordinator for my file.

7/28/20 [Signature] 1572227
Date Signature of Student Student ID Number

Hepatitis B injection #1 3/22/19 5Z952 [Signature]
Date Lot # Healthcare Professional Signature

Hepatitis B injection #2 7/28/20 9P9B5 [Signature]
Date Lot # Healthcare Professional Signature

Hepatitis B injection #3 12/08/20 4EAT7 [Signature]
Date Lot # Healthcare Professional Signature

Hepatitis B vaccination: 3-dose series at 0, 1, 6 months (minimum intervals: 4 weeks between doses 1 and 2, 8 weeks between doses 2 and 3, 16 weeks between doses 1 and 3) (CDC).

<https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html#note-hepb>

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