



HEPATITIS B VACCINE FORM

NAME: _____ FIRE DEPARTMENT: _____

ALLERGIES: _____

I have been informed of the possible side effects, risks, and advantages of the Hepatitis vaccine by reviewing a video or other material provided or through in-service training. I was provided an opportunity to ask questions.

I realize that:

1. Although there is an 80-85% chance that I will develop antibodies to the vaccine as immunity to Hepatitis B, there is no guarantee that I will develop these antibodies and therefore, I could contract Hepatitis B.
2. The vaccine may not be effective if I am already incubating the Hepatitis B virus.
3. The duration of immunity is unknown at this time and I may require a booster.
4. The vaccine only protects against Hepatitis B and not against Hepatitis A or other Hepatitis viruses.
5. Side effects listed below may occur and I do not hold York County, the Health Department or any others responsible for any side effects which may occur.

To the best of my knowledge, I:

1. Do not have any allergy or hypersensitivity to yeast/mold.
2. Do not have an acute infection.
3. Am voluntarily taking the recombinant Hepatitis B vaccine.

1. _____ Date: _____ Lot: _____ Given By: _____

2. _____ Date: _____ Lot: _____ Given By: _____

3. _____ Date: _____ Lot: _____ Given By: _____

**Note: Please return this form after the three-shot series is complete to:*

**York County Department of Fire Safety
 2500 McFarland Rd
 PO Box 82 (invoicing)
 York, SC 29745-0082**



 Morris Russell, Fire Services Director

05/10/2021

 Date