



Bethesda Care Arrow Springs
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Bethesda Care Butler County
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Bethesda Care Eastgate
 Phone: 513-752-3695
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Bethesda Care Norwood
 Phone: 513-731-3399
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**Occupational
 Medicine
 Services**

Bethesda Care Queensgate
 Phone: 513-241-4135
 Fax: 513-241-6510

Bethesda Care Sharonville
 Phone: 513-563-1505
 Fax: 513-769-4776

Good Samaritan
 Phone: 513-862-2875
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CONSENT FOR HEPATITIS A VACCINATION

I have received and read the _____ (date) VIS information concerning Hepatitis A vaccine. I have had an opportunity to ask any questions concerning this vaccine and they have been answered to my satisfaction. I understand the benefits and risk of Hepatitis A vaccination.

I request that the vaccine be administered to me. I understand that I must receive a series of two doses in order to achieve lasting effectiveness.

I agree to comply with the following schedule:

- Initial vaccination
- The second dose 6-12 months later

It is my responsibility to return to the Occupational Medicine Center at the recommended time for the second vaccine. As with all medical treatment, there is no guarantee that I will not experience any adverse side effects from the vaccine.

HEPATITIS A VACCINE CONSENT	
NAME (Please PRINT):	COMPANY:
SIGNATURE:	DATE:
<i>WITNESS:</i>	<i>DATE:</i>

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

VACCINATION ADMINISTRATION INFORMATION					
DOSES	DATE	MANUFACTURER/ LOT #	EXPIRATION DATE	SITE	GIVEN BY
1 st				1ml IM ____ deltoid	
2 nd				1ml IM ____ deltoid	

Adverse reaction after 15 minute wait: Yes____ No____