SAMPLE HEPATITIS B CONSENT/REFUSAL FORM
HEPATITIS B BIRTH DOSE VACCINATION

The Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP) recommend that a birth dose of hepatitis B vaccine be administered to all infants born in the United States. The New York State Department of Health has established that this hepatitis B vaccine birth dose be given within 12 hours of birth as the standard of care in New York State. As with all childhood immunizations, a parental consent is necessary. Also, the Hepatitis B Vaccine Information Statement (VIS) must be provided to the parent prior to vaccination and the publication date of the VIS must be documented.

Publication date of VIS provided to parent: ____________________

☐ Verbal consent obtained  RN signature: _________________________ OR

☐ I give consent for my infant ____________________________ to be given a birth dose of hepatitis B vaccine. I have received the Hepatitis B Vaccine Information Statement and understand the risks and benefits of my child receiving the vaccine.

Parent Signature: _______________________________  Date: _____________

Witness Signature: _______________________________  Date: _____________

Hepatitis B Vaccine 0.5 ml dose
Date of administration: ________________  Time: ___________  Site: _______________

Manufacturer/Vaccine Trade Name: ________________________________
Lot #: ___________________________  Expiration Date: ________________

Administered by: ________________________________  OR

☐ I understand the risks of hepatitis B and refuse to have my child receive the hepatitis B vaccine. My child’s physician will receive a copy of this form.

Reason for refusing vaccination: ________________________________

Parent Signature: ________________________________

Witness Signature: ________________________________