Appendix C:

Vaccine Consent Form

I have had information/training provided to me about the Hepatitis B vaccination. I believe I understand the benefits and risks involved and ask that the vaccine be given to me.

NAME:	 	
SIGNATURE:		
DATE:		

For Clinic Use

	Dose #1	Dose #2	Dose #3	Titer
Date Administered				
Vaccine				
Administered				
Vaccine				
Manufacturer				
Vaccine Lot #				
Expiration Date				
Method & Site of				
Injection				
Signature of				
Administrator				
Title of				
Administrator				

Please return completed form to William Shoemaker, Dickinson College, $5\,\mathrm{N}.$ Orange Street, Carlisle, PA 17013.