

# Hepatitis A Vaccination Authorization Record (2019)

|                  |
|------------------|
| Manufacturer:    |
| Lot Number:      |
| Expiration Date: |
| Facility Site:   |

# A

I have read or had explained to me the "Hepatitis A Vaccine Information Statement." I have had an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of hepatitis A vaccine and request that it be given to me or to the person for whom I am authorized to make this request.

| Date          | Staff Initial | Hepatitis A Administered <i>Pls check</i> |                 | Signature<br><i>Vaccine Recipient</i> | Age in Years<br><i>check one column only</i> |       |       |      |
|---------------|---------------|---|-----------------|---------------------------------------|--|-------|-------|------|
|               |               | 1 <sup>st</sup>                           | 2 <sup>nd</sup> |                                       | 19-25  | 26-35 | 36-64 | 65 + |
|               |               |   |                 | 1.                                    |  |       |       |      |
|               |               |   |                 | 2.                                    |  |       |       |      |
|               |               |   |                 | 3.                                    |  |       |       |      |
|               |               |   |                 | 4.                                    |  |       |       |      |
|               |               |   |                 | 5.                                    |  |       |       |      |
|               |               |   |                 | 6.                                    |  |       |       |      |
|               |               |   |                 | 7.                                    |  |       |       |      |
|               |               |   |                 | 8.                                    |  |       |       |      |
|               |               |   |                 | 9.                                    |  |       |       |      |
|               |               |   |                 | 10.                                   |  |       |       |      |
|               |               |   |                 | 11.                                   |  |       |       |      |
|               |               |   |                 | 12.                                   |  |       |       |      |
|               |               |   |                 | 13.                                   |  |       |       |      |
|               |               |   |                 | 14.                                   |  |       |       |      |
|               |               |   |                 | 15.                                   |  |       |       |      |
|               |               |   |                 | 16.                                   |  |       |       |      |
|               |               |   |                 | 17.                                   |  |       |       |      |
|               |               |   |                 | 18.                                   |  |       |       |      |
|               |               |   |                 | 19.                                   |  |       |       |      |
|               |               |   |                 | 20.                                   |  |       |       |      |
| <b>TOTALS</b> |               |   |                 |                                       |  |       |       |      |



# Combined Hepatitis A&B Vaccination Authorization Record (2019)

|                  |
|------------------|
| Manufacturer:    |
| Lot Number:      |
| Expiration Date: |
| Facility Site:   |

## Comb. A & B

I have read or had explained to me the "Hepatitis A and B Vaccine Information Statement." I have had an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of hepatitis A and B vaccine and request that it be given to me or to the person for whom I am authorized to make this request.

| Date          | Staff Initial | Combined Hep A&B Administered<br><i>Pls check</i> |     |     | Signature<br><i>Vaccine Recipient</i> | Age in Years<br><i>check one column only</i> |       |       |      |
|---------------|---------------|---|-----|-----|---------------------------------------|--|-------|-------|------|
|               |               | 1st   | 2nd | 3rd |                                       | 19-25  | 26-35 | 36-64 | 65 + |
|               |               |   |     |     | 1.                                    |  |       |       |      |
|               |               |   |     |     | 2.                                    |  |       |       |      |
|               |               |   |     |     | 3.                                    |  |       |       |      |
|               |               |   |     |     | 4.                                    |  |       |       |      |
|               |               |   |     |     | 5.                                    |  |       |       |      |
|               |               |   |     |     | 6.                                    |  |       |       |      |
|               |               |   |     |     | 7.                                    |  |       |       |      |
|               |               |   |     |     | 8.                                    |  |       |       |      |
|               |               |   |     |     | 9.                                    |  |       |       |      |
|               |               |   |     |     | 10.                                   |  |       |       |      |
|               |               |   |     |     | 11.                                   |  |       |       |      |
|               |               |   |     |     | 12.                                   |  |       |       |      |
|               |               |   |     |     | 13.                                   |  |       |       |      |
|               |               |   |     |     | 14.                                   |  |       |       |      |
|               |               |   |     |     | 15.                                   |  |       |       |      |
|               |               |   |     |     | 16.                                   |  |       |       |      |
|               |               |   |     |     | 17.                                   |  |       |       |      |
|               |               |   |     |     | 18.                                   |  |       |       |      |
|               |               |   |     |     | 19.                                   |  |       |       |      |
|               |               |   |     |     | 20.                                   |  |       |       |      |
| <b>TOTALS</b> |               |   |     |     |                                       |  |       |       |      |