## **Hepatitis A** Vaccination Authorization Record (2020)

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



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<br>Initial | Hepatitis<br>Adminis<br>check | s A<br>teredPls | Signature<br>Vaccine Recipient | Age in Ye check one cold | ears<br>umn only |       |      |
|------|------------------|-------------------------------|-----------------|--------------------------------|--------------------------|------------------|-------|------|
|      |                  | 1st                           | 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.                            |                          |                  |       |      |
| TOT  | ALS              |                               |                 |                                |                          |                  |       |      |

## **Hepatitis B** Vaccination Authorization Record (2020)

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

В

I have read or had explained to me the "Hepatitis 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 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<br>Initial | aff Hepa<br>tial Pls ch | lepatitis B Administered  Is check |                 | Signature<br>Vaccine Recipient | Age in Years check one column only |       |       |       |      |
|------|------------------|-------------------------|------------------------------------|-----------------|--------------------------------|------------------------------------|-------|-------|-------|------|
|      |                  | 1st                     | 2 <sup>nd</sup>                    | 3 <sup>rd</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.                            |                                    |       |       |       |      |
| TOTA |                  |                         |                                    |                 | 20.                            |                                    |       |       |       |      |
| TOTA | LS               |                         |                                    |                 |                                |                                    |       |       |       |      |

## Combined Hepatitis A&B Vaccination Authorization Record (2020)

| Manufacturer:<br>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<br>Initial | Combined Hep A&B<br>Administered<br>Pls check |                 |                 | Signature<br>Vaccine Recipient | Age in Check one of | Age in Years check one column only |       |      |  |  |
|------|------------------|---|-----------------|-----------------|--------------------------------|---------------------|------------------------------------|-------|------|--|--|
|      |                  | 1st   | 2 <sup>nd</sup> | 3 <sup>rd</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.                            |                     |                                    |       |      |  |  |
| TOTA | LS               |   |                 |                 |                                |                     |                                    |       |      |  |  |