

# Hepatitis A Vaccination Authorization Record (2020)

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 <i>Vaccine Recipient</i>	Age in Years <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.				
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				14.				
				15.				
				16.				
				17.				
				18.				
				19.				
				20.				
<b>TOTALS</b>								



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

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 <i>Pls check</i>			Signature <i>Vaccine Recipient</i>	Age in Years <i>check one column only</i>			
		1st	2nd	3rd		19-25	26-35	36-64	65 +
					1.				
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					20.				
<b>TOTALS</b>									