

# Livingston County Public Health Department

310 E. Torrance Ave., P. O. Box 650, Pontiac, IL 61764

Phone 815-844-7174 \* TDD 1-800-526-0844 \* Fax 815-844-7468 \* www.lchd.us



**Public Health**  
Prevent. Promote. Protect.

## ADULT HEPATITIS B VACCINE CONSENT FORM

FIRST NAME \_\_\_\_\_ MIDDLE IN. \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

DR's NAME \_\_\_\_\_ Are you allergic to Yeast? YES NO  
circle

CASH \_\_\_\_\_ CHECK \_\_\_\_\_ No Charge \_\_\_\_\_ BILL INSURANCE \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_ HMO \_\_\_\_\_ PPO \_\_\_\_\_

SUBSCRIBER NAME: \_\_\_\_\_ (as it appears on card)

SUBSCRIBER ADDRESS: (if different than patient's only) \_\_\_\_\_

SUBSCRIBER DATE OF BIRTH: (if not the patient's) \_\_\_\_\_

ID OR MEMBER NUMBER: (include all letters and numbers) \_\_\_\_\_

GROUP NUMBER: \_\_\_\_\_

**BILL TO: Paying Agency** \_\_\_\_\_

**Agency Address** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

I have been given a copy and have read or have had explained to me the information on this form about Hepatitis A & Hepatitis B vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the Hepatitis A and Hepatitis B vaccine and request that it be given to me or to the person named above for whom I am authorized to make this request. I give permission to release this information to my physician.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

2/15/2013 purple

Date VFC Info Sheets Given: \_\_\_\_\_



HEP B #1

Date Administered: \_\_\_\_\_

MFR/LOT#

Site of Injection \_\_\_\_\_

Nurse Signature:

\_\_\_\_\_

HEP B #2

Date Administered: \_\_\_\_\_

MFR/LOT#

Site of Injection \_\_\_\_\_

Nurse Signature:

\_\_\_\_\_

HEP B #3

Date Administered: \_\_\_\_\_

MFR/LOT#

Site of Injection \_\_\_\_\_

Nurse Signature:

\_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Livingston County Public Health Department  
310 E Torrance Avenue, Po Box 650  
Pontiac, IL 61764 815/844-7174

