

HEPATITIS B BIRTH DOSE VACCINATION CONSENT/REFUSAL TEMPLATE

The New York State Department of Health (NYSDOH), the American Academy of Pediatrics (AAP), and the American College of Obstetricians and Gynecologists (ACOG) recommend that a birth dose of hepatitis B vaccine be administered to all infants born in the United States. The NYSDOH has established that this hepatitis B vaccine birth dose be given within 12 hours of birth as the standard of care in New York State. As with all childhood immunizations, a parental or legal guardian consent is necessary. Also, the Hepatitis B Vaccine Information Statement (VIS) must be provided to the parent or legal guardian prior to vaccination and the publication date of the VIS must be documented.

Infant Name: _____

Infant Date of Birth: _____

Infant Medical Record Number: _____

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VIS Provided to Parent/Legal Guardian.

Name of Recipient: _____

VIS Publication Date: _____

CONSENT

Verbal consent for vaccination obtained from Parent/Legal Guardian.

Name of person giving consent for vaccination: _____

MD/RN Signature: _____ Date: _____

Hepatitis B Vaccine 0.5 ml dose

Date of Administration: _____ Time: _____ Site: _____

Manufacturer/Vaccine Trade Name: _____

Lot #: _____ Expiration Date: _____

Administered by: _____

REFUSAL

I understand the risks of hepatitis B infection and refuse to have the infant receive a birth dose of hepatitis B vaccine. The infant's provider will receive a copy of this form.

Reason for refusing vaccination (Must be given): _____

Parent/Legal Guardian Signature: _____ Date: _____

MD/RN Signature: _____ Date: _____