

	<b>Lower Providence Emergency Medical Service Standard Operating Guidelines</b>	
	<b>Subject:</b> <i>Infection Control</i> – Informed Consent Waiver (HBV) Vaccination	<b>SOG #300-001D</b>
	<b>Approved:</b> Chief Christopher J. Reynolds	<b>Initiated:</b> January 2022  <b>Revised:</b> N/A

### Informed Consent for Hepatitis B (HBV) Vaccination

I have attended an education session on Hepatitis B. The session included information regarding the vaccine (Hepatvax HB) and I understand the risks and the benefits associated with receiving the series of three injections. I furthermore understand that after the initial dose, I need to return to the designated Occupational Health Office to receive my second and third dose. I understand that after my final dose I will need to have a blood test to confirm that my body has developed immunity to the virus.

Member Name : \_\_\_\_\_

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

Member Signature: \_\_\_\_\_

