

Injection #: \_\_\_\_\_

Company: \_\_\_\_\_



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## Hepatitis B Vaccine

**Indications:** For immunization against infection caused by all known subtypes of Hepatitis B Virus. Recommended for persons who are or will be at risk for injection with Hepatitis B Virus.

**Contraindications:** Hypersensitivity to yeast or any component of the vaccine.

**Precautions:** Do not administer if any of the following exist:

1. Pregnancy and/or lactation.
2. Hypersensitivity to yeast.
3. Reaction to Hepatitis Vaccine in past.
4. Presence of serious infection.
5. Severely compromised cardiopulmonary disease.

**Adverse Reactions:**

1. Local reaction at injection site.
2. Systemic complaints of fatigue, headache, fever.

**Dosage and administration:**

Intramuscular injection into the Deltoid muscle. Shake well prior to administration. Three doses of the vaccine should be given according to the following schedule:

- 1<sup>st</sup> dose: elected date
- 2<sup>nd</sup> dose: 1 month later
- 3<sup>rd</sup> dose: 6 months after the 1<sup>st</sup> dose

**I hereby voluntarily give permission to AllOne Health to administer Hepatitis B Vaccine as a prophylactic procedure. By accepting this vaccination, I agree to release AllOne Health and its employees from any and all claims I might have arising out of the administration of this vaccine.**

<b>Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>SSN#:</b>
<b>Vaccine:</b>	<b>Lot #</b>
<b>Dose/Site:</b>	<b>Exp. Date:</b>
<b>Given By:</b>	<b>Manufacturer:</b>