

Student's Name: _____

UH ID#: _____

Program: _____

UNIVERSITY OF HAWAII • KAPI'OLANI COMMUNITY COLLEGE

Nursing Department

Hepatitis B Immunization Consent Form

I understand the benefits and risks of receiving the Hepatitis B immunization series for healthcare providers. I will indicate with an "X" in the box for the statement that best applies to me.

- 1. I have antibodies for hepatitis, e.g. Hepatitis B surface antibody is positive, **and will submit documentation.**
- 2. I am in the process of receiving the immunization series and **will submit documentation after each injection.**

I will obtain **Hepatitis B Surface Antibody titer (HBsAb) 4-6 weeks after the 3rd injection** as required.

For Statement 2:

Injection #1: _____
Date

Injection #2: _____
Date

Injection #3: _____
Date

Indicate (√) Nursing Program:

- Long Term Care Nurse Aide
- Practical Nursing
- LPN-RN Transition Program
- Associate Degree in Nursing
- Surgical Technology Program

Student's Signature

Date