

*Medical Facility Letterhead*

*Addressograph/Newborn's  
information*

**SAMPLE HEPATITIS B CONSENT/REFUSAL FORM  
HEPATITIS B BIRTH DOSE VACCINATION**

The Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP) recommend that a birth dose of hepatitis B vaccine be administered to all infants born in the United States. The New York State Department of Health 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 consent is necessary. Also, the Hepatitis B Vaccine Information Statement (VIS) must be provided to the parent prior to vaccination and the publication date of the VIS must be documented.

Publication date of VIS provided to parent: \_\_\_\_\_

Verbal consent obtained RN signature: \_\_\_\_\_ **OR**

I give consent for my infant \_\_\_\_\_ to be given a birth dose of hepatitis B vaccine. I have received the Hepatitis B Vaccine Information Statement and understand the risks and benefits of my child receiving the vaccine.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Hepatitis B Vaccine 0.5 ml dose

Date of administration: \_\_\_\_\_ Time: \_\_\_\_\_ Site: \_\_\_\_\_

Manufacturer/Vaccine Trade Name: \_\_\_\_\_

Lot #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Administered by: \_\_\_\_\_ **OR**

I understand the risks of hepatitis B and refuse to have my child receive the hepatitis B vaccine. My child's physician will receive a copy of this form.

Reason for refusing vaccination: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_