WAYNE STATE UNIVERSITY
SCHOOL OF MEDICINE

Hepatitis B Vaccine Consent Form

August _____

****You must check one response****

_____I hereby consent to be inoculated with the Hepatitis B vaccine. Recombivix HB.

_____I have previously received all three doses of the vaccine series at

_____on

_____, _____, and _____, and have submitted
Dose 1 Dose 2 Booster

proof of the same.

_____ _____ Class of _____WSU
Signature Date School of Medicine

_____ _____
Witness Date