

ST. LUKE'S COLLEGE  
Sioux City, Iowa

### HEPATITIS B VACCINE

Information regarding the Hepatitis B vaccine has been provided to me. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand that due exposure to blood or other potentially infectious materials, I am at risk of acquiring Hepatitis B virus (HBV) infection, a serious disease. I understand that those allergic to yeast should not take the vaccine and that I must have three doses of vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine.

**\*\*\*Please complete the information below and return to St. Luke's College\*\*\***

Printed Name \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**I have received information regarding the Hepatitis B vaccine.**       Yes     No

I have previously received the vaccine series. I will provide this documentation to St. Luke's College.

I will contact my medical provider to request the Hepatitis B vaccine series and provide the vaccine dates to St. Luke's College.

I will not receive the HBV series at this time.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

