

**Prism Career Institute  
Hepatitis Vaccine Form**

**To the Provider:**

The student is required to have the Hepatitis Vaccine prior to the Phlebotomy course we offer. Please fill out the form below and return it to the student.

I consent to receive injections of Hepatitis B Virus vaccine and to have blood drawn following the series for antibody to Hepatitis B virus. I understand that Prism Career Institute requires two injections prior to starting the Phlebotomy course. I understand that any question pertaining to the vaccine should be asked directly of the physicians. I also understand that it is my responsibility to pay the cost of the injections and laboratory work pertaining to the vaccine.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Student Name \_\_\_\_\_

First Hepatitis Vaccine Dose:

Date \_\_\_\_\_ Dose \_\_\_\_\_ Lot # \_\_\_\_\_ Site \_\_\_\_\_

Provider Signature \_\_\_\_\_

Second Hepatitis Vaccine Dose:

Date \_\_\_\_\_ Dose \_\_\_\_\_ Lot # \_\_\_\_\_ Site \_\_\_\_\_

Provider Signature \_\_\_\_\_

Third Hepatitis Vaccine Dose:

Date \_\_\_\_\_ Dose \_\_\_\_\_ Lot # \_\_\_\_\_ Site \_\_\_\_\_

Provider Signature \_\_\_\_\_

Physician Name and Address (please use office stamp):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you.