



**FOR WOMEN OF CHILDBEARING AGE**  
Information of Hepatitis B vaccine and acknowledgement

Administration of hepatitis B vaccine is recommended for all adults who are at increased risk of contracting hepatitis B. Persons who work in correctional facilities are considered at increased risk. The only known contraindication for receiving the vaccine is severe allergic reaction to previous vaccines or to yeast. Because studies in pregnant or nursing mothers have not been conducted, it is not known whether the hepatitis B vaccine can cause fetal or infant harm. It is therefore necessary to obtain a statement from your primary health care provider before receiving this vaccine if you are pregnant or nursing.

If you are not pregnant or nursing at this time and wish to have the vaccine, you may wish to avoid becoming pregnant until completion of the vaccine series.

- I am pregnant or nursing at this time and will consult with my primary care physician regarding this vaccine.
- I do not believe I am pregnant at this time and understand the potential risks and benefits of receiving the vaccine. I wish to have the vaccine.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**HEPATITIS B VACCINE PROGRAM VACCINATION RECORD**

**Mark vaccine used:**    Heplisav-2 doses    Engerix: 3 doses

Date	Site given (Deltoid)	Lot Number	Administered By
1	R      L		
2	R      L		
3	R      L		

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Employee Occupational Health Record