



AHR PROFESSIONAL HEPATITIS B - CONSENT FOR VACCINATION

- I understand the benefits as well as the potential risks involved with Hepatitis B vaccine.
- I have been given the opportunity to ask questions pertaining to the Hepatitis B vaccine.
- I understand that three doses of Hepatitis vaccine will be required, as set forth in the foregoing information.
- I understand that if I am an employee of AHR Pharmacy Solutions, the Hepatitis B vaccine will be offered at no charge to me. I will be reimbursed for the Hepatitis B vaccine only after completion of the three injection series and must provide receipts in order for AHR Pharmacy Solutions to do so. I also understand that I will be reimbursed for out-of-pocket expenses only (that which is not covered by insurance).
- I acknowledge and agree that if my employment is terminated for any reasons prior to the completion of the three injection series; I will assume the responsibility of obtaining the injections of the remaining vaccine elsewhere.
- I understand that as with all medical treatment there is no guarantee that I will become immune or that I will not experience an adverse side effect.

I agree to release and forever discharge AHR Pharmacy Solutions, its officers, agents, partners, participants, employees, supervisors, stockholders, attorneys, directors, members, representatives, successors, and assigns from any and all claims, injuries, liabilities, demands, actions and causes of action arising out of or in connection with the administration of the Hepatitis B vaccination and antibody testing, either directly or indirectly.

The foregoing being acknowledged, I hereby request that the Hepatitis B vaccine be given to me.

Signature _____ Date _____

IMMUNIZATION RECORD

Date Vaccinated	Initials of Employee
_____	_____
_____	_____
_____	_____

NOTES: Two copies of this document will be provided. If you are going to be vaccinated, sign and return the first one immediately. Please mail us the second copy, with the immunization record filled out, when you have completed all three injections of the Hepatitis B series. This will allow us to keep proper documentation of your vaccination status. Initialing documents reaffirms consent. If you are not going to be vaccinated, disregard this form and fill out refusal of vaccination form and return it to us.