

Hepatitis A Exposure

Acknowledgment of Education and Prophylaxis Recommendation

I acknowledge that I have received education on the risks posed by my possible exposure to hepatitis A. Based on my age and risk factors, I have been advised to receive the following prophylaxis:

- Hepatitis A Vaccine (recommended follow-up vaccine in 6 months)
- Hepatitis A Immune Globulin

Please check one of the boxes below:

- I hereby accept the recommended prophylaxis
- I decline prophylaxis for the following reasons:

Signature: _____ Date: _____

Staff Use Only:

- Hepatitis A Vaccine Administered
- Hepatitis A Immune Globulin Administered

Dose #	Date Scheduled	Date Received	Injection Site	Given by:	Manufacturer	Lot #	Exp. Date
1							
2							