

辛辛那提儿童医院医疗中心

接种病毒疫苗知情同意书

乙型肝炎

(VIRUS VACCINE CONSENT FORM - HEPATITIS B – Chinese)

Manufacturer Lot# Exp Date Date of Vaccination Right deltoid IM _____ Date of VIS
 Left deltoid IM _____ Date VIS read

Employee Health Nurse Signature