

Texas Department of State Health Services

Addendum to Hepatitis B Vaccine: What You Need to Know Vaccine Information Statement

- 1. I agree that the person named below will get the vaccine checked below.
- 2. I received or was offered a copy of the Vaccine Information Statement (VIS) for the vaccine listed above.
- 3. I know the risks of the disease this vaccine prevents.
- 4. I know the benefits and risks of the vaccine.
- 5. I have had a chance to ask questions about the disease the vaccine prevents, the vaccine, and how the vaccine is given.
- 6. I know that the person named below will have the vaccine put in his/her body to prevent the disease this vaccine prevents.

Information about person	to receive vaccine (P	lease print)					
Name: Last	First		Middle Initial		Birthdate (mm/dd/yy)	Sex (circle one	
						M	F
Address: Street		City	County		State TX	Zip	
Signature of person to receive	ve vaccine or person au	ithorized to ma	ike the request (pares	nt or guardi	ian):		
X				Da	te:		
				Б			
Witness PRIVACY NOTIFICATION The State of Texas collects about the state agency to	N - With few exceptions ut you. You are entitled correct any information	you have the r to receive and r that is determi	ight to request and be eview the information ned to be incorrect. S	informed an upon required http://w	lbout intest. You	formation also has texas g	on th
Witness PRIVACY NOTIFICATION The State of Texas collects about the state agency to the information on Privacy Notice: I acknowled	N - With few exceptions ut you. You are entitled correct any information Notification. (Reference:	s, you have the r to receive and r that is determi Government C	ight to request and be eview the information ned to be incorrect. Sode, Section 552.021, immunization provid	informed a upon requiree http://w 552.023, 55	about intest. You www.dsh 9.003, a	formation also has texas general section of the sec	on th ive th gov fo 004)
Witness PRIVACY NOTIFICATION The State of Texas collects about The State of Texas collects about The state agency to the stat	N - With few exceptions ut you. You are entitled correct any information Notification. (Reference: lge that I have received	to receive and reaction to receive and reaction that is determined to a copy of my and the copy of my and th	ight to request and be eview the information ned to be incorrect. Sode, Section 552.021, immunization provid	informed a upon requiree http://w 552.023, 55	about intest. You www.dsh 9.003, a	formation also has texas general section of the sec	on th ave th gov fo 004)
Witness PRIVACY NOTIFICATION The State of Texas collects about the state agency to the	N - With few exceptions ut you. You are entitled correct any information Notification. (Reference:	to receive and reactive and reactive and reactive and reactive and reactive accopy of my manic / Office Unistered:	ight to request and be eview the information ned to be incorrect. Sode, Section 552.021, immunization provid	informed a upon requiree http://w 552.023, 55	about intest. You www.dsh 9.003, a	formation also has texas general section of the sec	on th ave th gov fo 004)
Witness PRIVACY NOTIFICATION The State of Texas collects about the state agency to the privacy of the privacy o	N - With few exceptions ut you. You are entitled correct any information Notification. (Reference: lge that I have received For Clin	s, you have the reto receive and real that is determined a copy of my solic / Office Unistered:	ight to request and be eview the information ned to be incorrect. Sode, Section 552.021, immunization provid	informed a upon requiree http://w 552.023, 55	about intest. You www.dsh 9.003, a	formation also has texas general section of the sec	on th ave th gov fo 004)
Witness PRIVACY NOTIFICATION The State of Texas collects about the state agency to the privacy of the privacy o	N - With few exceptions ut you. You are entitled correct any information Notification. (Reference: lge that I have received For Clir Date Vaccine Admit Vaccine Manufacture	s, you have the reto receive and real that is determined a copy of my solic / Office Unistered:	ight to request and be eview the information ned to be incorrect. Sode, Section 552.021, immunization provid	informed a upon requiree http://w 552.023, 55	about intest. You www.dsh 9.003, a	formation also has texas general section of the sec	on th ave th gov fo 004)
Witness PRIVACY NOTIFICATION The State of Texas collects about the state agency to the privacy of the privacy o	N - With few exceptions ut you. You are entitled correct any information Notification. (Reference: lge that I have received For Clir Date Vaccine Admit Vaccine Manufacture Vaccine Lot Numb	s, you have the report to receive and re	ight to request and be eview the information ned to be incorrect. Sode, Section 552.021, immunization provid	informed a upon requiree http://w 552.023, 55	about intest. You www.dsh 9.003, a	formation also has texas general section of the sec	on th ave th gov fo 004)
Witness PRIVACY NOTIFICATION The State of Texas collects about The State of Texas collects about The state agency to the stat	N - With few exceptions ut you. You are entitled correct any information Notification. (Reference: lge that I have received For Clir Date Vaccine Admit Vaccine Manufactur Vaccine Lot Numb Site of Injection:	s, you have the receive and receive and receive and receive and receive and receive and receive a copy of my series.	ight to request and be eview the information ned to be incorrect. Sode, Section 552.021, immunization provided and the control of the control	informed a upon requiree http://w 552.023, 55	about intest. You www.dsh 9.003, a	formation also has texas general section of the sec	on th ave th gov fo 004)

Immunizations C-106 (10/21)