

**HEPATITIS B VACCINE
CONSENT/DECLINATION**

Employee Name: _____ Occupation: _____

Address: _____ Birth Date: _____

HEPATITIS B VACCINE

Hepatitis B virus (HBV) is an important cause of viral hepatitis. Its most important method of transmission is from the blood of acutely or chronically infected people. Health care workers are at increased risk of HBV infection because of contact with blood products. The serious complications and results of HBV infection include liver damage, cirrhosis of the liver, chronic active hepatitis, cancer of the liver, and death. Between 6% and 10% of young adults with HBV infection become carriers of hepatitis B virus. Chronic active hepatitis develops in over 25% of such carriers and often progresses to cirrhosis of the liver. Hepatitis B-related liver cancer is developed by 4% of carriers. There is no specific treatment for hepatitis B infection.

The hepatitis B virus vaccine is 80-95% effective in preventing hepatitis in susceptible people. The vaccine is given intramuscularly in three doses, with the second and the third doses given one and six months after the first dose. Recombinant hepatitis B vaccine is contraindicated in the presence of hypersensitivity to yeast, or any component of the complaints could include fatigue/weakness, fever, headache, and malaise. Because of the long incubation period of hepatitis B, it is possible for unrecognized infection to be present at the time the vaccine is given, and vaccination may not prevent hepatitis B in these cases. The duration of protection is probably more than five years, but this or the need for boosters is yet to be determined.

I, the undersigned, have read the above and understand the risks and benefits of the hepatitis B vaccine. I have had the opportunity to have my questions answered satisfactorily. I understand that I must be an active employee to have all vaccine doses provided at no cost to me. If you are uncertain about your immunity a titer can be drawn.

PLEASE CHECK: I request that the hepatitis B vaccine be administered to me. I request a titer be drawn.

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I presently decline the hepatitis B vaccine. I have already had the hepatitis B vaccine. Year received _____

HEPATITIS B VACCINATION EVALUATION

In order to reduce unnecessary immunization of people previously immune (from prior vaccination or by natural infection), complete the following questions:

	<u>Yes</u>	<u>No</u>
Have you ever received any vaccine against Hepatitis B?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what year _____ and how many shots _____?		
Have you ever been told you were exposed to or infected with hepatitis B?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been rejected as a blood donor?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, why? _____		
Although the current vaccine is extremely safe, it is contraindicated for persons allergic to yeast products. Are you allergic to yeast?	<input type="checkbox"/>	<input type="checkbox"/>

If you have elected to receive the hepatitis B vaccination series, you will receive a list of locations you can call to schedule an appointment to receive the vaccine.

Signature: _____ Date: _____