



HEPATITIS B

INFORMATION AND VACCINE CONSENT

Hepatitis B is a disease that produces a variety of symptoms and outcomes, which primarily affect the liver. There is no specific treatment or cure for the disease. The major risk factor for health care workers is exposure to infected blood. Acute Hepatitis B infection may be noted through symptoms such as jaundice and flu-like symptoms or server disease. The majority of people recover, although on rare occasions a person may become severely debilitated or die.

Hepatitis B vaccine is a noninfectious viral vaccine, given intramuscularly in three doses within a six month period. The entire series of three doses provides immunity against Hepatitis B. At the present time a booster has not been recommended. Because there is along incubation period for Hepatitis B, it is possible that an unrecognized infection is present when the vaccine is given. If this is the case, the vaccine may not prevent Hepatitis B infection. No reports of serious adverse reactions have been attributed to the vaccination. However, some of the more common side effects are as follows: (1) soreness of the injection site, usually subsides within 48 hours; (2) low grade fever (less that 101 degrees Fahrenheit) occasionally occurs; (3) general complaints such as malaise, fatigue, headaches and nausea. These are rare and usually are limited to the first few days after immunization.

The vaccine is not recommended in the following conditions: (1) hypersensitivity to any component of the vaccine (example, alum or mercury derivatives); (2) cardiopulmonary conditions; (3) Serious infection; (4) pregnancy; (5) allergy to yeast.

See your physician for further details on Hepatitis B and the vaccine.

****Read Sections A, B & C below. Only fill out the section that applies to you.***

Section A
I have read the information on Hepatitis B vaccine. I will be responsible for contacting my personal physician to obtain this vaccination. I will present documentation from the physician to verify that I have been vaccinated. I will make arrangements for said vaccination with my Regional Office Manager.
Signature: _____
Witness: _____ Date: _____

Section B
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.
Signature: _____
Witness: _____ Date: _____

Section C
I have been previously vaccinated against Hepatitis B and therefore I do not require additional vaccination.
Signature: _____
Witness: _____ Date: _____

***Please send in a copy of your Hepatitis B Vaccination (if you have it)**