

HEPATITIS B INFORMED CONSENT/REFUSAL

Hepatitis B is a viral infection of the liver. The acute infection rarely results in death (2%), yet some people who develop the disease continue to transmit the virus to others (chronic carriers - 10%) or have irreversible liver damage, cirrhosis, or liver cancer.

Immunization against Hepatitis B

Hepatitis B vaccine is a vaccine of synthetic Hepatitis B antigen particles. The vaccine is completely noninfectious and you are able to donate blood. Antibodies to the vaccine are developed after a series of three injections given in the arm muscle. The second dose is given one month after the initial, and the third dose is given at six months. If you are unable to complete the series of injections, it can be restarted when you are able to do so. A blood test is performed one month after the last dose is given to indicate protection; a small percentage of people do not show sufficient levels of protections and are given a booster dose or two. This test is not required. The duration of antibody protection, and thus the need for the booster have not yet been determined. If you do not want the vaccine at this time, you need to sign a refusal form and you may receive the vaccine at a later date.

Reactions

The vaccine has proven to have minimal side effects. Soreness and redness at the site of the injection occurs in 22%. A low grade fever, nausea and fatigue have been reported in 14%. The possibility exists that more serious side effects may become identified with more extensive use. Individuals who are pregnant, lactating or have a hypersensitivity to yeast or Thimerosal (used in contact lens solutions) should not be vaccinated.

VOLUNTARY CONSENT

I have read the above information and will seek the vaccine. I will provide proof of the injections six months from now, when the series has been completed.

Printed Name _____ Signature _____ Date _____

HEPATITIS B VACCINE REFUSAL

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine. 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 the Hepatitis B vaccine, I may do so.

Printed Name _____ Signature _____ Date _____