

## HEPATITIS B CONSENT & VACCINATION RECORD

Employee \_\_\_\_\_ SS#: \_\_\_\_\_

The Hepatitis B vaccine is a noninfectious synthetic vaccine produced in yeast cells. Clinical trials in healthy adults receiving three doses showed a zero conversion rate of 79% at month six and 96% at month seven. The duration of immunity has not been determined. This vaccine should be safe and effective for prevention of Hepatitis B. It is not effective in the protection against other types of Hepatitis.

You will be given three vaccinations with the second and third doses being administered at one month and six months after the initial dose.

Adverse side effects are most commonly mild, temporary soreness at the site of injection. No serious immediate or long term reactions have been reported. Please report any adverse reactions to your vaccination provider.

This vaccine is contraindicated for anyone who is hypersensitive to yeast or yeast products and any other components of the vaccine such as aluminum hydroxide, thimerosal, sodium chloride or phosphate buffers.

If you are pregnant or nursing or become so during your vaccination series, written permission will be required from your attending physician before the vaccine will be administered. Written permission will also be required from your physician if you have high blood pressure or are receiving allergy shots.

- I have already received the HBV vaccine. I will provide organization with documentation of the series completion.
  
- I choose to receive the Hepatitis B vaccine and understand this will be at no cost to me. I have been given information on the vaccine, the contraindications, and will obtain medical statements if necessary. I have been informed where I can obtain these immunizations. I understand it is my responsibility to secure the vaccinations. I will provide the organization with documentation that I have received the vaccination series. I understand if I terminate my employment prior to completing the series of three injections that I will assume all responsibility for follow-up, including the cost of the vaccine and administration.
  
- I understand that due to my occupational exposure to blood and 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 the 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.

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Employee Signature

Date

