

**MCLAREN BAY REGION
HEPATITIS B INFORMATION AND
VACCINE ADMINISTRATION CONSENT/WAIVER**

Employee Name

Department

THE DISEASE

Hepatitis B is a viral infection caused by hepatitis B virus (HBV). Hepatitis B virus (HBV) is spread through contact with the blood and body fluid of a person infected with the Hepatitis B virus. Hepatitis B virus is a serious disease. It can cause loss of appetite, tiredness, diarrhea and vomiting, jaundice (yellow skin or eyes), or pain in muscles, joints, and stomach. HBV also appears to be a causative factor in the development of cirrhosis and liver cancer. Thus, immunization against hepatitis B can prevent acute hepatitis and also reduce sickness and death from chronic active hepatitis, cirrhosis, and liver cancer. Hepatitis B vaccine is offered to all healthcare workers.

THE VACCINE

Possible Mild Side Effects: (Incidence of side effects is generally low)

1. Injection site soreness lasting a day or two.
2. Mild to moderate fever.

Possible Severe Problems: (Extremely rare)

1. High fever or unusual behavior
2. Allergic reaction—Usually occur within a few minutes—Difficulty breathing, hoarseness, wheezing, hives, paleness, weakness, dizziness, or a fast heartbeat. (Seek medical help immediately)

Contraindications:

1. Allergy to baker's yeast that is used to bake bread
2. Previous reaction to a dose of the hepatitis B vaccine
3. If moderately ill at time of next dose, wait until you recover before getting the vaccine

Dose schedule

1. Initial dose of vaccine
2. Second dose should be given at least one month after the first dose
3. Third dose must be given at least 2 months after the second dose and at least 4 months after the first dose.

If you miss a dose or get behind schedule, get the next dose as soon as possible. There is no need to start over.

VACCINATION CONSENT/WAIVER

I have reviewed the information given to me that discusses hepatitis B and the hepatitis B vaccine. I have had the opportunity to ask questions and understand the benefits and risks of hepatitis B vaccination. I understand that I should obtain the entire series of three doses of vaccine. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine.

I authorize administration of the vaccine

OR

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.

Reasons for declining:

I have received the vaccine previously.

Date received: _____ Where: _____

I choose NOT to receive the vaccine at this time due to health reasons. I understand it is my obligation to contact the Personnel Office at a later date if I desire the vaccine.

Other:

Employee Signature

Date

VACCINATION RECORD

	Date Vaccinated	Vaccine Lot #	Injection Site	Administered By
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Allergic to yeast: Yes _____ No _____

Active Infection: Yes _____ No _____

Reactions to any other vaccines: Yes _____ No _____

If yes, note type: _____

History of Hepatitis: Yes _____ No _____

Employee Health Nurse

Date