



HEPATITIS B RECOMBINANT VACCINE CONSENT/DECLINATION FORM

Name: _____ Classification: _____
Last First

Primary Employer: _____

INTRODUCTION: Hepatitis B infection is caused by the Hepatitis B virus, which is transmitted by exposure to infected bodily secretions or blood. This may occur through a needle puncture or inoculation of mucosal surfaces (mouth, eye, genital tract). The lifetime risk of Hepatitis B in the United States is about 5% for the general population. Healthcare workers, however, may have an increased risk (up to 20% over a lifetime) because of frequent blood/secretion exposure. Most people exposed to the Hepatitis B virus are asymptomatic. Most people with the clinical disease do recover without complications, but 5-10% become chronic carriers of the virus. Chronic carriers may have no symptoms or may have chronic liver disease leading to cirrhosis. An association has also been demonstrated between the chronic Hepatitis B carrier-state and liver cancer. Taking all of these factors into account, approximately 1-2% of infected individuals will die from either fulminant hepatitis, cirrhosis or liver cancer.

RECOMBINANT HEPATITIS B VACCINE: This genetically engineered Hepatitis B vaccine is derived from surface antigen (Hb Ag) produced in yeast cells. Efficacy studies in humans for this vaccine have demonstrated equal protection of this vaccine compared to the plasma-derived Hepatitis B vaccine (Heptovax). Some persons after receiving the vaccine will not produce protective antibodies and therefore are not protected from infection. Persons vaccinated after exposure may not be protected from that exposure. The duration of antibody protection is unknown.

POSSIBLE SIDE EFFECTS OF RECOMBINANT HEPATITIS B VACCINE: Mild soreness and redness at the injection site may occur. Fever, nausea, rash, fatigue and joint pain may also occur, but rarely. No serious side effects have been seen with the vaccine so far, but the possibility may exist that other side effects can occur. This vaccine does not have the potential for transmission of infection.

CONTRAINDICATIONS: Yeast allergy, previous hypersensitivity reaction, pregnancy

I have read and/or received the above information on the Hepatitis B Recombinant vaccine. I have had an opportunity to ask questions, and I fully understand the benefits of the vaccine. I also understand the possible risks involved in taking or not taking the vaccine. I also understand that the vaccination must be given on a specific schedule over a 6-month period.

_____ I request the Hepatitis B vaccine be administered to me by my primary employer.

HEPATITIS B VACCINATION DECLINATION

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 at no charge to myself. However, I decline the Hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

I decline this option:

_____ I have already been vaccinated against the Hepatitis B Virus.

Where vaccinated: _____ Date: _____

_____ I do not wish to be vaccinated.

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 can receive the vaccination series at no charge to me from my Primary Employer.

Signature

Date