

Instructions:

- Review information with Health Services Coordinator
- Completed form is filed Administrative Central files
- Agency will reimburse qualifying employee for vaccinations (with receipt)

COMMUNITY ACTION OF SOUTHEAST IOWA

HEPATITIS B IMMUNIZATION
CONSENT OR REFUSAL

Employee's Name (please print)

_____ Yes _____ No
Qualifying Employee

I have read the information about Hepatitis B and the Hepatitis B vaccine which is on the reverse side of this page. I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have 3 doses of the vaccine to obtain immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from the vaccine. The series will be initiated following successful completion of the 90-day probationary period dependent on the continuation of employment. In the event of an exposure incident the unvaccinated employee will be offered the medically preferred post-exposure vaccine.

CONSENT TO HEPATITIS B VACCINATION

Signature of Person to Receive Vaccine

Date Signed

Witness

Date Signed

	Date Vaccinated	Lot No.	Site	Administered By
(1)				
(2)				
(3)				

REFUSAL OF HEPATITIS B VACCINATION

After reviewing and discussing the information on Hepatitis B and the Hepatitis B vaccine and after careful consideration of the risks to my health, I hereby refuse the Hepatitis B vaccination. I am aware that I may change this decision by signing the above consent at a later date.

Date

Signature of Employee

Date

Signature of Witness

INFORMATION ABOUT HEPATITIS B VACCINE

The Disease

Hepatitis B is a viral infection caused by Hepatitis B virus (HBV) which causes death in 1-2% of patients. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. HBV may be a causative factor in the development of liver cancer. Immunization against the Hepatitis B virus can prevent acute hepatitis and its complications.

The Vaccine

Hepatitis B vaccine is produced from yeast cells. It has been extensively tested for safety and effectiveness in large scale clinical trials.

Approximately 90% of healthy people who receive two doses of vaccine and a third dose as a booster achieve high levels of surface antibody (anti-HBs) and protection against Hepatitis B virus. Hepatitis B vaccine is recommended for workers with potential for contact with blood or body fluids. Full immunization requires three doses of vaccine over a six month period, although some persons may not develop immunity even after three doses.

There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization.

Dosage and Administration

The Hepatitis B vaccine is given in three intramuscular doses in the deltoid muscle. Two initial doses are given one month apart and the third dose is given six months after the first.

Possible Vaccine Side Effects

The incidence of side effects is very low. No serious side effects have been reported with the vaccine. Ten to twenty percent of persons experience tenderness and redness at the site of injection and low grade fever. Rarely rash, nausea, joint pain, and mild fatigue have been reported. The possibility exists that other side effects may be identified with more extensive use.