

Disclosure and Consent for Hepatitis B Vaccine Administration

Hepatitis B is a serious, chronic, and sometimes deadly disease. The Centers for Disease Control (CDC) statistics include the possibility of necrosis of the liver, chronic hepatitis, cirrhosis, and a higher risk of liver cancer. The person may also be a lifetime carrier of the disease. Women who are carriers have a higher risk of having an outbreak of the disease in the third trimester of pregnancy. Children born to those who are carriers have a 60% - 80% likelihood of becoming chronic carriers of hepatitis.

Hepatitis B virus is spread through contact with the body fluids or blood of an infected person. You may or may not know that a person has Hepatitis B or any other disease. Healthcare workers are one of the population groups that the CDC recommends receive the vaccine.

The vaccine is free of charge to employees who have a potential for occupational exposure to bloodborne pathogens. There are three injections over a period of seven (7) months. There is a blood test approximately one month afterwards to make sure the titer is high enough to afford protection.

- Persons with hemophilia or blood-clotting problems must make the person administering the injection aware of the condition.
- Persons with a known allergy to yeast should receive the plasma-derived vaccine instead of the recombinant vaccine.
- This vaccine should not be given to a person with multiple sclerosis because it may cause a recurrence of the disease.
- Pregnancy and lactation are not contraindications to the vaccine. Women who are pregnant or nursing may decline the vaccine, however, the vaccine can be considered at a later date.

The side effect most commonly associated with either vaccine is soreness at the injection site. There is an association (0.5 : 100,000) between Guillain-Barre syndrome and receipt of the first dose of the plasma-derived vaccine.

I have been given an opportunity to ask questions about the disease, vaccine, and potential side effects of the vaccine. I hereby give my informed consent.

Employee Signature

Date

First Dose _____
 Date Lot # and Expiration Site _____
 Vaccine Information Statement Provided Nurse Signature

Second Dose _____
 Date Lot # and Expiration Site _____
 Vaccine Information Statement Provided Nurse Signature

Third Dose _____
 Date Lot # and Expiration Site _____
 Vaccine Information Statement Provided Nurse Signature