



Consent and Release Form for Hepatitis A Immunization Series

Information

Hepatitis A is a highly contagious and sometimes fatal liver disease, primarily spread by the fecal-oral route. A person with Hepatitis A sheds the virus in their feces. To be exposed, a person must eat, drink or put something into his/her mouth which is contaminated with particles of feces. If infected persons are careless about washing their hands after using the bathroom, they can contaminate food they later prepare. A person who has Hepatitis A can easily pass the disease to others within the same household. Symptoms of Hepatitis A are flu-like, such as fever, chills and a general feeling of weakness, as well as jaundice (yellow skin or eyes) and severe stomach pains and diarrhea. Symptoms usually appear about 1 month after exposure to the virus. Hepatitis A does not result in chronic infection, however, complete recovery can be slow. In small children, there are often no symptoms.

Immunization Regimen

The immunization regimen is a series of two intramuscular injections in the deltoid muscle of the arm. The second dose is given six months after the first. The immunization protection duration is unknown at present, however, studies have demonstrated protection for adults to be up to 25 years. The series stimulates the body's immune system to make antibodies that help protect against the virus. Should the second dose not be administered within 6 months, the series does not need to be restarted.

Employee Understanding

By agreeing to receive the vaccine, I understand that:

- a. There is a possibility that I may not develop sufficient antibodies to protect me from the development of Hepatitis A.
- b. If immunity does develop, the duration of the protective effect is currently unknown, but is estimated to be up to 25 years.
- c. Side effects of vaccine administration include, but are not limited to the following:
 1. Local reactions occurring in less than 20% of vaccines: transient soreness, redness and swelling at the injection site.
 2. Systematic complaints occurring in less than 15% of vaccines: abdominal pain, headache, fatigue and fever.

3. As with all vaccines, rare side-effects or adverse reactions may develop which at this time are unpredictable. It is impossible to have an adverse reaction to the second and none to the first, and vice versa.

I understand that by agreeing to immunization, I hereby certify that I currently:

- a) am not pregnant.
- b) do not have any active infection or serious heart or lung disease.
- c) am not allergic to mold/yeast.

Employee Consent

I have read the above information regarding the effectiveness and possible side effects of the Hepatitis A Vaccine. I consent to receiving the series of two injections of Hepatitis A Vaccine and possible future booster injections. I understand that I am responsible for returning to Total Care Urgent Care, Dr. Powell's office, at the pre-established, specified time and dates, for the next injection.

I further understand that this immunization is offered to me as an employee benefit. This benefit is offered only to current employees working in positions considered at risk for exposure to Hepatitis A. I understand that if I terminate employment for any reason during the course of participating in the immunization series, the Authority is not obligated to provide payment for the completion of the Hepatitis A Vaccine series.

Initial one of the following and sign below:

_____ I request the Hepatitis A Vaccine Series.

The schedule of injections is:

_____ (1st) _____ (2nd)
0 6 months



_____ I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis A Virus infection. I have been given the opportunity to be vaccinated with



Hepatitis A Vaccine, at no charge to myself. However, I decline Hepatitis A Vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis A, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials while employed by the Water Employee Services Authority and I want to be vaccinated with Hepatitis A Vaccine, I can receive the vaccination series at no charge to me.

_____	_____
Employee Name (Please Print)	Number

Position	

_____	_____
Employee Signature	Date