



Consent and Release Form for Hepatitis B Immunization Series

Information

Hepatitis B is a virus-induced disease characterized by inflammation of the liver. The person with Hepatitis B usually becomes sick about 6 weeks to 6 months after exposure. Exposure normally occurs through blood-to-blood transfer. Acutely, the disease may cause pain in muscles, joints and stomach, loss of appetite, diarrhea, vomiting, jaundice (yellow skin or eyes), and is more common in adults than children. Long-term complications can be very serious and may include: cirrhosis (liver damage), liver cancer, and even death. People who are infected can spread the disease to others, even if they don't appear to be sick. The vaccine used in preventing Hepatitis B infection is: Hepatitis B Vaccine - Recombinant. This vaccine is a product of genetic engineering produced in yeast cells and is free of association with human or blood products.

Immunization Regimen

The immunization regimen is a series of three intramuscular injections in the deltoid muscle of the arm. The second dose is given one month after the first, and the third dose six months after the first. This vaccine series gives long-term protection from the Hepatitis B infection, possibly lifelong.

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 B (this risk varies generally from 4-15% of healthy individuals completing the immunization regimen).
- b. If immunity does develop, the duration of the protective effect is currently unknown, but is estimated to be approximately 5 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: headache, G.I. upset, fatigue, fever, and malaise (uneasiness).
 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 or third injection and none to the first, and vice versa.

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

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

Employee Consent

I have read the above information regarding the effectiveness and possible side effects of the Hepatitis B Vaccine series. I consent to receiving the series of three injections of Hepatitis B Vaccine, an antibody test 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 two injections and antibody test.

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 B. 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 B Vaccine series following the termination of my employment.

Initial one of the following and sign below:

_____ I request the Hepatitis B Vaccine - Recombinant Series

The schedule of injections is:

_____ (1st) _____ (2nd) _____ (3rd)
0 1 month 6 months

_____ (Antibody test)
8 months

_____ 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



