



Hepatitis B Vaccine Evaluation Consent/Declination Form

Name: _____

To reduce unnecessary immunization of people previously immune (from prior vaccination or by natural infection), please complete the following questions:

1. Have you ever received any vaccine against Hepatitis B? Yes___ No___
If yes, in what year? _____. How many shots were given? _____
2. Have you ever been told you were exposed to or infected with Hepatitis B?
Yes ___ No___
3. Although the current vaccine is extremely safe, it is contraindicated for persons allergic to yeast products. Are you allergic to yeast? Yes___ No___

Healthcare workers are at increased risk of Hepatitis B Virus (HBV) infection because of contact with blood and other body fluids. The serious complications and results of HBV infection include liver damage, cirrhosis of the liver, chronic active hepatitis, cancer of the liver, and/or death. There is no specific treatment for HBV infection.

The Hepatitis B vaccine is 80-95% effective in preventing Hepatitis in susceptible people. The vaccine is given intramuscularly in three doses, with the second and third doses given one and six months after the first dose. The most common side effect has been limited to soreness or redness at the injection site. Systemic complaints could include fatigue/weakness, fever, headache, and malaise. The duration of protection is probably more than five years. However, this or the need for boosters is yet to be determined.

_____(Initials) I request that the Hepatitis B vaccine be administered to me.

I understand that due to my occupation exposure to blood and other potentially infectious materials that I may be at risk of acquiring HBV infection. I also understand that by declining this vaccine, I continue to be at risk of acquiring HBV, a serious disease. I understand I can change my mind and request to receive the vaccine at any time.

OR

_____(Initials) I presently decline the Hepatitis B vaccine.

Signature: _____ Date: _____