

## Hepatitis B Vaccination

Due to occupational exposure to blood or other potentially infectious materials, you may be at risk for acquiring hepatitis B viral (HBV) infection. The vaccination series is available, at no cost, to you. Please indicate below acceptance or declination to receive the vaccine.

Hepatitis B is a bloodborne virus which can cause a range of symptoms from mild to serious, and possibly result in fatal liver damage to health care workers who become infected. The virus can be transmitted through contact with infectious fluids of a patient who has the hepatitis B virus. You may have been taught the concepts of Universal Precautions concerning safe patient/client care and the use of equipment to avoid unnecessary exposure.

The synthetic hepatitis B vaccine is derived from yeast cells. It is not composed of human blood or plasma. It is given as a series of three injections into the arm muscle at prescribed intervals (initial shot, one month later, and six months later). It has proven to be 80-90% effective in protecting against the disease. There may be hypersensitivity to the vaccine, and there may be soreness and swelling of the injection arm. Other side effects may occur at an incidence of under 3% of injections.

The vaccine will not be given to persons with known sensitivity to aluminum hydroxide, thimerosal, yeast, or the hepatitis antigen, and will only be given with your personal physician's recommendations in the cases of pregnancy or the presence of other infections of an immunosuppressive state. The vaccine does not grant 100% assurance of immunity.

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**Acceptance:** I have read the above information describing the risks and benefits of receiving the vaccination. I understand that the decision to receive the vaccination series is mine and I wish to receive the hepatitis B vaccine.

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Employee Signature

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Date

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Witness Signature

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Date

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**Declination:**  I have been given the opportunity to be vaccinated for hepatitis B, at no charge to myself. I decline the vaccination series. I understand that by declining this vaccine, I continue to be at risk for acquiring hepatitis B. If I continue to have occupational exposure to blood or other potentially infectious material and decide I want to be vaccinated with hepatitis B vaccine, I may receive the vaccination series at no charge to me.

I have already received the hepatitis B vaccine series at an earlier date. Select one:

I am providing a copy of the record to the Agency.

I am not providing a copy of the record to the Agency.

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Employee Signature

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Date

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Witness Signature

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Date