University Employee Occupational Health Clinic

CB # 1649, UNC-CH

919-966-919

# Consent for Hepatitis B Vaccination

*Employee information*

Information on Hepatitis B and Hepatitis B Vaccination:

Hepatitis B is a major infectious occupational health hazard. It is transmitted via exposure to contaminated human blood by contaminated needles, by intimate contact with an infected person, and by blood transfusions. Health care professionals are at increased risk for acquiring this infection. Hepatitis B can result in severe liver disease with symptoms of jaundice, dark urine, extreme fatigue, anorexia, nausea, abdominal pain, and occasionally rash and pain in the joints. The seriousness of hepatitis B infection is demonstrated by the following: hospitalization is required in about 20% of the more severe cases, about 10% of infected persons never recover but become carriers of the virus throughout their lifetime, and those who become carriers can develop cirrhosis or cancer of the liver, both of which can be fatal.

Immunization for Hepatitis B is available, at no cost, to employees whose job duties place them at risk of exposure to human blood. The Hepatitis B vaccine is synthetic and well tolerated. No serious adverse reactions have been attributed to the vaccine. As with any vaccine, there is the possibility that the vaccine could reveal rare adverse reactions not observed in the clinical trials. Of the reported reactions, approximately half were injection site soreness. Low grade fever, less than 101° F, occur occasionally and is usually confined to the 48-hour period following vaccination. Systemic complaints including malaise, fatigue, headache, nausea, dizziness, myalgia, and arthraliga are infrequent and have been limited to the first few days following vaccination.

Immunization for Hepatitis B consists of 3 intramuscular vaccinations (1ml dose in the deltoid muscle). The first dose is given at the elected date, the second dose is given one month later, and the third dose is given six months after the first dose. Laboratory testing (blood work) 1-6 months after the last vaccination is recommended to make certain that an appropriate level of antibody was produced.

While most everyone can safely receive Hepatitis B vaccine, the following persons may want to consult their usual medical provider before vaccination: females who are pregnant or nursing, persons with known cardio-pulmonary compromise, persons with history of allergic reactions to yeast, thimerosal, or formaldehyde, or persons who are currently ill with a fever.

Although the vaccine protects against Hepatitis B, it does not protect against other infections (such as Hepatitis A, Hepatitis C, or HIV).

Consent for Hepatitis B Vaccination:

Please answer the following questions:

1) Are you pregnant or nursing? 🞏yes 🞏no

2) Do you have any cardio-pulmonary compromise? 🞏yes 🞏no

3) Do you have an active infection or a fever? 🞏yes 🞏no

4) Are you allergic to yeast, thimerosol, or formaldehyde? 🞏yes 🞏no

I have read and understand the information on Hepatitis B and Hepatitis B vaccination. I have discussed any concerns or questions with the clinic personnel. I understand that there is no guarantee that vaccination will be effective or that the vaccine will be free of side effects.

I voluntarily agree to receive the Hepatitis B Vaccine. I hereby consent to the administration of the Hepatitis B Vaccine in 3 doses over the next 6 months.

Employee signature: Work phone or pager:

Clinic personnel signature: Today’s date:

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| SKB Vaccine #1  Date:  Lot #:  Exp date:  Site: 🞏R deltoid 🞏L deltoid    Given by: | SKB Vaccine #2  Date:  Lot #:  Exp date:  Site: 🞏R deltoid 🞏L deltoid  Given by: | SKB Vaccine #3  Date:  Lot #:  Exp date:  Site: 🞏R deltoid 🞏L deltoid  Given by: |

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