HEPATITIS B VIRUS VACCINE CONSENT/DECLINATION

BLOODBORNE PATHOGENS

I have received information and understand that my occupation increases risks of exposure to bloodborne pathogens including hepatitis B virus (HBV). This exposure includes blood, body fluids and other potentially infectious material and surfaces. The facility's exposure control program has been explained to me and I understand the process to follow should an exposure incident occur.

I have been informed of the symptoms, hazards and transmission modes associated with the hepatitis B virus and that a vaccine is available to me at no additional cost. I have received information regarding the hepatitis B vaccine.

Date VIS Provided: _____

VIS (Vaccine Information Statement): www.cdc.gov/vaccines/hcp/vis-statements/hep-b.pdf

HEPATITIS B VACCINE CONSENT

☐ I consent to administration of the hepatitis B vaccine. I have been informed of the method of administration, the risks, complications and expected benefits of the vaccine.

_____ _____

Signature of Employee Date

_____

Print Employee's Full Name

HEPATITIS B VACCINE DECLINATION

☐ 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 vaccines, 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 to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can received the vaccination series at no charge to me.

_____ _____

Signature of Employee Date

_____

Print Employee's Full Name

HBV VACCINATION RECORD

Employee: _____ Employee ID Number: _____
(Print Full Name/Title)

O Previous Hepatitis B Vaccine Series Date: _____
O Hepatitis B Vaccine Contraindicated for Medical Reasons

☐ **Pre:** Hepatitis B Antibody Test Date:_____ Results:_____

☐ **Post:** Hepatitis B Antibody Test Date:_____ Results:_____

HBV VACCINATION: Dose #1

Manufacturer:_____ Lot #:_____ Expiration Date:_____

Location: O Right Deltoid O Left Deltoid O Right Anterolateral Thigh O Left Anterolateral Thigh

Administered by: _____ Date:_____ Time:_____
(Print Name/Title)

Adverse Reaction? O No O Yes Comments:_____

_____ _____
Signature/Title of Person Completing Date

HBV VACCINATION: Dose #2 (4 weeks/1 month after Dose #1)

Manufacturer:_____ Lot #:_____ Expiration Date:_____

Location: O Right Deltoid O Left Deltoid O Right Anterolateral Thigh O Left Anterolateral Thigh

Administered by: _____ Date:_____ Time:_____
(Print Name/Title)

Adverse Reaction? O No O Yes Comments:_____

_____ _____
Signature/Title of Person Completing Date

HBV VACCINATION: Dose #3 (5 months after Dose #2)

Manufacturer:_____ Lot #:_____ Expiration Date:_____

Location: O Right Deltoid O Left Deltoid O Right Anterolateral Thigh O Left Anterolateral Thigh

Administered by: _____ Date:_____ Time:_____
(Print Name/Title)

Adverse Reaction? O No O Yes Comments:_____

_____ _____
Signature/Title of Person Completing Date

HBV VACCINATION: Booster

Manufacturer:_____ Lot #:_____ Expiration Date:_____

Location: O Right Deltoid O Left Deltoid O Right Anterolateral Thigh O Left Anterolateral Thigh

Administered by: _____ Date:_____ Time:_____
(Print Name/Title)

Adverse Reaction? O No O Yes Comments:_____

_____ _____
Signature/Title of Person Completing Date

Hepatitis B Vaccine:
What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Hepatitis B vaccine can prevent **hepatitis B**. Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

- **Acute hepatitis B** is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach.
- **Chronic hepatitis B** is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death. Chronically infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected through:

- Birth (if a pregnant woman has hepatitis B, her baby can become infected)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Most people who are vaccinated with hepatitis B vaccine are immune for life.

2. Hepatitis B vaccine

Hepatitis B vaccine is usually given as 2, 3, or 4 shots.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6–18 months of age. **The birth dose of hepatitis B vaccine is an important part of preventing long-term illness in infants and the spread of hepatitis B in the United States.**

Anyone **59 years of age or younger** who has not yet gotten the vaccine should be vaccinated.

Hepatitis B vaccination is recommended for **adults 60 years or older** at increased risk of exposure to hepatitis B who were not vaccinated previously. **Adults 60 years or older** who are not at increased risk and were not vaccinated in the past may also be vaccinated.

Hepatitis B vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

Hepatitis B vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of hepatitis B vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone hepatitis B vaccination until a future visit.

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Pregnant or breastfeeding women who were not vaccinated previously should be vaccinated. Pregnancy or breastfeeding are not reasons to avoid hepatitis B vaccination.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting hepatitis B vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Soreness where the shot is given, fever, headache, and fatigue (feeling tired) can happen after hepatitis B vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at **www.vaers.hhs.gov** or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at **www.hrsa.gov/vaccinecompensation** or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at **www.fda.gov/vaccines-blood-biologics/vaccines**
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**.