



HEPATITIS B VACCINE CONSENT / DECLINATION FORM

You are being given the Hepatitis B vaccine because you have a negative or low titer. The Hepatitis B vaccine can prevent the hepatitis B virus (HBV). HBV is a serious disease that can cause short-term (acute) illness and/or long-term (chronic) illness. Each year 80,000 people become infected with HBV. You will need to get 3 injections, the first now, second in one month and the third in six months. The most common side effects from this vaccine are soreness at the site of injection and mild to moderate fever. Please return or contact Occupational Health at ext. 7838 immediately if you experience any problems.

You should not receive the vaccine if:

- You have ever had a life-threatening allergic reaction to baker's yeast (the kind used for making bread), or to a previous dose of the Hepatitis B vaccine.
- You are moderately or severely ill.

You should check with your primary caregiver if:

- You are pregnant.

Female Employees only - must be signed before each dose of the Hepatitis B vaccine.

I am absolutely sure I am not pregnant.

Dose#1: Signature: _____ Date: _____

Dose#2: Signature: _____ Date: _____

Dose#3: Signature: _____ Date: _____

Booster: Signature: _____ Date: _____

Acceptance of the Vaccination - I have read the information about the Hepatitis B vaccine. I understand the benefits and risk of the vaccine. I have had ample opportunity to ask questions and have them answered to my satisfaction regarding the disease, vaccine, and the possible risks and benefits. I further understand that Howard County General Hospital and it's' employees make no guarantee as to the effectiveness of the vaccine or the likelihood or severity of the occurrence of any of the risks from the vaccine.

I request the vaccine be given to me, and I have been given the Vaccine Information Statement dated 07/18/07.

Employee's Signature

Employee's Name (Printed)

Date

	Dose #1		Dose #2		Dose #3		Booster	
Date of Dose								
Lot #								
Exp. Date								
Site: Circle One	Left Deltoid	Right Deltoid	Left Deltoid	Right Deltoid	Left Deltoid	Right Deltoid	Left Deltoid	Right Deltoid
Administered by:								

I decline the vaccine. Reason - please check:

Declination of the Vaccine:

- I previously had the Hepatitis B series
- I have antibody testing that has revealed I am immune to Hepatitis B.
- I will NOT be occupationally exposed to blood or other potentially infectious materials during my employment.
- other: please explain: _____

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 the Hepatitis B vaccine. However, I wish to decline the Hepatitis B vaccine 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 the Hepatitis B vaccine, I can receive the vaccine per Howard County General Hospital policy at any time.

Employee Signature

Date

Phone #: _____

Witnessed by - Occupational Health Nurse Signature

Date