

INFORMED CONSENT FOR INOCULATION
HEPATITIS B VACCINE

I _____, acknowledge that Winning Wheels has made available
(employee's name)

at no personal charge, the Hepatitis B Vaccine. **Winning Wheels has authorized the Whiteside County Health Department to administer the Hepatitis B Vaccine.** The vaccine is available the first and third Wednesdays of each month, from 1 to 4 p.m. Hepatitis B virus is an important cause of viral hepatitis, and there is no specific treatment for this disease. The serious complications of Hepatitis B virus infection include massive hepatic necrosis (death of liver cells), cirrhosis of the liver, chronic active hepatitis and hepatocellular carcinoma. Transmission of Hepatitis B virus infection is often associated with close interpersonal contact with an individual. Although Hepatitis B virus is usually transmitted through blood and blood products, it has been found in tears, saliva, urine, semen and vaginal secretions. Responsiveness to the vaccine is related to a person's age.

20-39 years old = 95% - 99%

Over 40 years old = 91%

Hepatitis B vaccine will not prevent hepatitis caused by other agents, such as Hepatitis A virus, non-A, non-B Hepatitis viruses, or other viruses known to infect the liver.

ADVERSE REACTIONS

Hepatitis B vaccine is generally well tolerated. No serious adverse reactions attributable to the vaccine have been reported during the course of clinical trials. Fifteen to seventeen percent (15% - 17%) of a trial group of individuals reported some complaints.

The most common of these are:

Injection site soreness

Weakness, headache, fever

Nausea and/or Diarrhea

Dizziness

Sweating, achiness, sense of warmth, chills

Vomiting, Decreases Appetite

The vaccine is administered in three (3) doses:

1st dose within 10 days of employment

2nd dose 1 month later

3rd dose 6 months after first dose

I have read this information and all questions regarding the safety, risk and effectiveness of Hepatitis B vaccine have been answered to my satisfaction.

I hereby, () accept, () decline, *the offer of immunization with Hepatitis B vaccine.

*SEE DECLINATION STATEMENT

If the employee fails to follow through with the administration of the vaccine at the scheduled intervals, such action will signify the employee's decision to decline the vaccine and will release the employer from further obligation.

Signed _____ Date _____

Issued to: _____

Date: _____

COURTESY REMINDER

Our records indicate you have not initiated your pre-exposure Hepatitis B vaccine series. Please initiate the series, or sign the form below and return it to the main office as soon as possible.

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 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 receive the vaccination series at no charge to me.

Employee Signature: _____

Date: _____

Witness: _____