



**HEPATITIS B VACCINE CONSENT/DECLINATION**

Kaiser Permanente Employee:  Yes  No

IMPRINT AREA

OCCUPATION	DEPARTMENT	LOCATION	SS #
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Hepatitis B virus (HBV) is an important cause of viral hepatitis. Its most important method of transmission is from the blood of acutely or chronically infected people. Health care workers are at increased risk of HBV infection because of contact with blood products. The serious complications and results of HBV infection include liver damage, cirrhosis of the liver, chronic active hepatitis, cancer of the liver and death. Between 6% and 10% of young adults with HBV infection become carriers of hepatitis B virus. Chronic active hepatitis develops in over 25% of such carriers and often progresses to cirrhosis of the liver. Hepatitis B-related liver cancer is developed by 4% of carriers. There is no specific treatment for hepatitis B infection.

The hepatitis B virus vaccine is 80-95% effective in preventing hepatitis in susceptible people. The vaccine is given intramuscularly in three doses, with the second and third doses given one and six months after the first dose. Recombinant hepatitis B vaccine is contraindicated in the presence of hypersensitivity to yeast or any component of the vaccine. The most common side effect has been limited to soreness or redness at the injection site. Systemic complaints could include fatigue/ weakness, fever, headache, and malaise. Because of the long incubation period of hepatitis B, it is possible for unrecognized infection to be present at the time the vaccine is given and vaccination may not prevent hepatitis B in these cases. The duration of protection is probably more than five years but this, or the need for boosters, is yet to be determined.

I, the undersigned, have read the above and understand the risks and benefits of the hepatitis B vaccine. I have had the opportunity to have my questions answered satisfactorily.

PLEASE CHECK:  I request that the hepatitis B vaccine be administered to me.

**HEPATITIS B VACCINE DECLINATION (FOR KAISER PERMANENTE EMPLOYEES ONLY)**

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 vaccine, 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 receive the vaccination series at no charge to me.

- I presently decline the hepatitis B vaccine.
- I have already had the hepatitis B vaccine. Year received \_\_\_\_\_.

DATE	NAME (PRINT)	SIGNATURE	WITNESS
ANTIBODY TEST RESULTS/DATE		PHYSICIAN SIGNATURE	

To be completed by Injection Station nurse:

TYPE OF VACCINE	DOSE*	SITE	DATE	NURSE'S SIGNATURE
1.				
2.				
3.				

\*Pediatric dose may be lower and must be specified.