



559-635-7707

## HEPATITIS A IMMUNIZATION/CONSENT

### Hepatitis A

Hepatitis A is all around and it is easy to catch. It is a serious liver disease caused by the hepatitis A virus. The virus is found in the stool of people with hepatitis A. It is usually spread by close personal contact with infected people and sometimes by eating food or drinking water containing the virus. Infected people can easily pass on the disease to other household members. And hepatitis A isn't fun--it can cause mild "flu-like" symptoms, as well as serious problems such as yellowing of the skin and eyes (jaundice), severe stomach pains, and diarrhea. Although very young children do not get very sick, adults can lose an average of 27 days from work, may have to be hospitalized, and can even die from it. Since no specific medicine is available to treat hepatitis A once you are infected, it is very important to prevent the infection. One of the best ways to prevent the spread of hepatitis A is easy--proper hand washing.

### Vaccine

The Hepatitis A vaccine causes the immune system to make antibodies against hepatitis A virus. The first dose of vaccine should be given at least two weeks before one might potentially be exposed to the virus. If more immediate protection is needed, Immune Globulin is given in conjunction with the Hepatitis A vaccine.

### Risks and Possible Side Effects

Any vaccine may have undesirable side effects. Hepatitis A vaccine was generally well tolerated in clinical studies--no serious side effects related to the vaccine were seen during these clinical studies. The most common side effects reported in clinical studies were injection-site complaints such as pain, tenderness, warmth, redness, swelling, black-and-blue marks, and soreness--these were generally mild and did not last very long.

### Contraindication

Vaccination is generally not recommended for the following people:

1. Allergy to aluminum hydroxide, sodium borate and/or sodium chloride
2. Acute febrile illnesses.
3. Pregnancy.

If you have any of the above, please notify the staff. If you have any questions, please ask now or check with your physician before receiving the vaccine.

**If you experience any significant reactions, see your physician.**

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#### For Clinic Use

Date of Vaccination: \_\_\_\_\_ Manufacturer & Lot #: \_\_\_\_\_ Site: IM  Right  Left

Administered By: \_\_\_\_\_ Clinic Site: \_\_\_\_\_ Payment: \_\_\_\_\_

**I have read the above information about Hepatitis A and Hepatitis A vaccine, and I have had a chance to ask questions. I understand the benefits and risks of Hepatitis A vaccination and request that the vaccine be given to me.**

#### Information-Person to Receive Vaccine

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_