



559-635-7707

HEPATITIS B IMMUNIZATION CONSENT

Hepatitis B

Hepatitis B is a virus that is spread through blood and other body fluids, such as semen and vaginal secretions. It can also be spread through contact with an unsterile needle that is contaminated with the virus. The virus can live on surfaces for at least a month, so it is even possible to get it by sharing eating utensils, a toothbrush, or a razor with someone who is infected. One of the most serious complications of hepatitis B is chronic infection. As many as 10% of adults who are infected become chronic carriers of the disease. Chronic carriers are at high risk of liver failure, cirrhosis, or liver cancer.

Vaccine

The Hepatitis B vaccine has been recommended for healthcare and other workers at risk of occupational exposure to blood and other body fluids. Both the Immunization Practices Advisory Committee (ACIP) and the Committee on Infectious Diseases of the American Academy of Pediatrics (AAP) have endorsed universal infant immunization as part of a comprehensive strategy for the control of hepatitis B infection. In the United States, it is currently given to newborns and will soon be required for all children prior to starting school. ACIP guidelines also suggest vaccination for all travelers to high-risk areas. The usual immunization regimen consists of three doses: dose 1 given at elected date, dose 2 one month later and dose 3 six months after the first dose. Alternate and accelerated dosing is acceptable for those recently exposed and certain travelers to high-risk areas.

Risks and Possible Side Effects

The Hepatitis B vaccine has been shown to be well tolerated and highly immunogenic in infants, children and adults. As with any vaccine, however, it is possible that expanded commercial use of the vaccine could reveal rare adverse reactions. The most frequently reported adverse reactions were injection site soreness and fatigue. Although rare, other reactions included injection site swelling, fever, headache and dizziness.

Contraindication

Vaccination is generally not recommended for the following people:

1. Hypersensitivity to yeast.
2. Acute febrile illnesses.
3. Anyone with multiple sclerosis.
4. 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 B and Hepatitis B vaccine, and I have had a chance to ask questions. I understand the benefits and risks of Hepatitis B 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 #: _____