

INFORMATION AND DECLINATION FOR HEPATITIS B VACCINE

Hepatitis B is a viral infection caused by the Hepatitis B virus (HBV). Most people with Hepatitis B recover completely, but approximately 5-10% becomes chronic carriers of the virus with the infection causing death in approximately 1% of patients. Complications of the illness include chronic active hepatitis, cirrhosis and possibly liver cancer.

The Hepatitis B vaccine is a non-infectious subunit viral vaccine derived from Hepatitis B surface antigen produced in yeast cells. It has been extensively tested for safety and efficacy, and there is no known disease transmission by the vaccine.

Most healthy people who receive three doses of the vaccine achieve high levels of antibody protection against Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of the immunizations. Hepatitis B has a long incubation period, from seven weeks to six months or more.

Three separate intramuscular injections are necessary to produce the desired immunity. Each dose is one milliliter. The first dose shall be given at an elected date, the second dose one month later, and the third dose given four months after the first.

While the vaccine usually protects against Hepatitis B, there is a small chance of still becoming infected with the Hepatitis B virus.

The Hepatitis B vaccine is generally well tolerated. No serious adverse reactions attributable to the vaccine have been reported. As with any vaccine, there is the possibility that widespread use of the vaccine could reveal rare adverse reactions not observed in clinical trials. The vaccine is contraindicated in patients who are hypersensitive to any component of the vaccine, including yeast. A few persons experience tenderness and redness at the site of injection. Low grade fever may occur. Rash, nausea, joint pain, and mild fatigue have also been reported. The possibility exists that more serious side effects may be identified over several years with more extensive use of the vaccine.

DECLINATION:

I understand that due to my clinical rotation, I will be exposed to blood or other potentially infectious materials and I may be at risk of acquiring a Hepatitis B virus infection. I know that I can obtain the vaccination through my primary health care provider. However, I decline to get the 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.

I decline to get the Hepatitis B vaccination series at this time.

Printed Name

Signature

Date