NORTH CENTRAL HEALTH CARE
HEPATITIS B INFORMED CONSENT

1. I have been informed of my occupational risk of exposure to Hepatitis B virus.
2. I have had the opportunity to view and read educational material and ask questions.
3. I understand that Hepatitis B vaccine is being offered, as a service to employees and it is entirely voluntary.
4. I understand that the vaccine will be genetically engineered HB vaccine and I will be given 1cc in the deltoid muscle.
5. I have been informed of possible side effects and adverse reactions, ex. soreness at injection site, fever, headache, fatigue, and nausea.
6. I understand that according to CDC MMWR 11-22-91, neither pregnancy, nor lactation should be considered a contraindication to vaccination of women, but I may obtain my physician's advice in these instances.
7. I understand that if I have any unusual health problems or an active infection at the time the vaccine is to be administered, I must obtain permission to receive the vaccine from my personal physician
8. I understand three (3) doses of the vaccine need to be administered over a period of six (6) months, (initial, one month, and 6 months from the initial dose). All three doses are necessary for protection.
9. I am aware that immunity to Hepatitis B is not guaranteed and that a booster vaccine may be necessary in the future when further research studies are completed.
10. I understand that immunization for Hepatitis B infection does not provide immunity for other forms of Hepatitis (Hepatitis A or Non A Non B).

I have previously completed the series of 3 Hepatitis B vaccinations in the past.

_____ _____
Signature Date

I request that Hepatitis B vaccine be administered to me.

_____ _____
Signature Date

	Date vaccinated:	Route:	Administered By:	Lot/Mfr.:	Expiration:
(1)	_____	IM	_____	_____	_____
(2)	_____	IM	_____	_____	_____
(3)	_____	IM	_____	_____	_____

HEPATITIS B VACCINATION DECLINATION

I understand that due to my occupational exposure to blood or other infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline 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. 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.

_____ _____
Signature Date