



HEPATITIS B VACCINATION CONSENT / DECLINATION

As an employee having occupational exposure to potentially infectious materials, you will have the right to receive the Hepatitis B vaccination series, free of cost to you. Please read the Hepatitis B Vaccination information sheet and complete this form by checking the box preceding the appropriate statement and signing, dating and indicating your Social Security Number at the bottom. Upon completion, please mail this document in the enclosed pre-paid business reply envelope. Thank you!

- CONSENT:** As a healthcare professional having occupational exposure to blood or other potentially infectious materials, which includes the risk of acquiring Hepatitis B virus (HBV) infection, I have been informed about and offered the opportunity to receive the Hepatitis B vaccine (to be paid for by my current employer). I understand that I must have 3 doses of vaccine to develop immunity. However, as with any medical treatment, there is no guarantee that I will become immune or that I will not experience any adverse side effect from the vaccine. I accept the offer at this time.

- DECLINATION (General):** 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, while actively working with Cross Country TravCorps, if 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 it at no charge to me.

- DECLINATION (Specific):** I am declining the opportunity to receive the Hepatitis B vaccination series for the following reason: (please check one)
 - I have previously received the complete Hepatitis B vaccination series.

 - Antibody testing has revealed I am immune to Hepatitis B.
(Date Tested: _____)

 - The vaccine is contraindicated for medical reason, describe: _____

 - Other, explain: _____

Employee Signature

Employee Name (Please Print)

Employee Social Security Number

Date



HEPATITIS B VACCINATION INFORMATION SHEET

HEPATITIS B: A MAJOR HAZARD

Hepatitis B is an infection of the liver caused by the Hepatitis B virus. The virus is found in blood and other body fluids. Hepatitis B can disable a person for weeks or months and lead to complications. Some people who get infected with the Hepatitis B virus become chronic carriers capable of spreading the disease to others. This group usually has the greatest potential for developing long-term complications, such as chronic active hepatitis, chronic persistent hepatitis, cirrhosis, and primary cancer of the liver.

UNDERSTANDING HEPATITIS B: THE COURSE IT TAKES

Hepatitis B is far more contagious than AIDS. There is a greater chance of contracting Hepatitis B from needlesticks (up to 30 times greater), and it can live longer outside the body than the AIDS virus. While both viruses are found in blood, Hepatitis B is more concentrated in blood than AIDS.

Hepatitis B is spread primarily through blood and body fluids that contain blood. In the workplace, the disease can be contracted through needlesticks or other punctures, through open wounds, or breaks in the skin, or through splashes of body fluids to mucous membranes.

Health care workers, especially those who are exposed to blood frequently, are at significantly greater risk of acquiring Hepatitis B than the general population.

CHOOSE TO BE VACCINATED

Recombivax HB is a safe and effective vaccine used to prevent Hepatitis B. Recombivax HB is a non-infectious viral vaccine produced in yeast cells. Recombivax is not manufactured from any blood products. There have been no documented cases of anyone acquiring Hepatitis B from the vaccine.

As with any vaccine or other medications, you could experience some side effects. The most common is a local reaction at the injection site. Recombivax is a series of three injections given in the muscle of the upper arm. Some people have reported soreness, redness and swelling at the site of injection. Some people have also experienced one or more of the following flu-like symptoms: headache, fever, chills, fatigue, achiness, nausea, abdominal cramping and diarrhea.

Women: Because pregnancy risks are unknown, vaccination of pregnant employees should be determined only on the advice of the employee's personal physician. If a pregnant employee chooses to be vaccinated, the child's father must also give consent.

Recombivax HB consists of three dose of vaccine given according to the following schedule:

- 1st dose: at elected date
- 2nd dose: 1 month later
- 3rd dose: 6 months after 1st dose

The Centers for Disease Control recommends that anyone who has routine contact with blood or body fluids should be vaccinated.