

**INFORMATION/CONSENT/DECLINATION
HEPATITIS B VACCINATION PROGRAM
FOR ELIGIBLE WFU FACULTY, GRADUATE STUDENTS, AND STAFF MEMBERS**

Your Name:	Department/Title:
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The Disease - Hepatitis B is a viral infection caused by the Hepatitis B virus (HBV) which causes death in 1% to 2% of patients infected. Most people with Hepatitis B recover completely, but approximately 5% to 10% become chronic carriers of the virus. Most of these people have no symptoms but can continue to transmit the disease to others. Some may develop chronic Hepatitis or cirrhosis. Carriers face other problems, too. They run a high risk of developing primary liver cancer and pregnant carriers transmit the HBV through the placenta with some 90% of infected infants becoming carriers.

Simple, Effective Solution - Fortunately, now, there is a simple way to prevent HBV infection. The Centers for Disease Control (CDC) recommends vaccination for anyone frequently exposed to blood or other body fluids in the work place. If you fall into this category, the CDC says that 15% to 25% of these above specified employees will contract Hepatitis B during their careers. Your individual risk is directly related to how often you are exposed to blood and other body fluids.

The Vaccine - Hepatitis B vaccine (Recombinant) is a non-infectious subunit of the viral vaccine derived from Hepatitis B surface antigen (HBsAg) produced in yeast cells. A portion of the Hepatitis B virus gene, coding for HBsAg is cloned into yeast, and the vaccine for Hepatitis B is then produced from cultures of this recombinant yeast strain. The antigen is harvested and purified from fermentation cultures of a recombinant strain of a particular yeast containing the gene for the ADW subtype of the HBsAg. The vaccine against Hepatitis B is prepared from recombinant yeast cultures and is free of association with human blood or blood products.

Follow-Up - There is a minute percentage of people receiving the Hepatitis B vaccine who never develop antibodies against the disease for which the vaccine is intended. It is for this reason, to determine that group, if any, that we will need to do a ten-week follow-up blood study (Surface Antibody to Hepatitis B) to assess the status of your immunity to Hepatitis B once you have finished the series of Hepatitis B vaccine.

Possible Adverse Side Effects - The incidence of side effects is very low. No serious side effects have been reported with the vaccine. A few persons have experienced:

1. Soreness, swelling, warmth, itching, redness, bruising, and nodule formation at the injection site.
2. Fever ($\pm 100^{\circ}\text{F}$) and malaise
3. Tiredness/weakness
4. Headache
5. Nausea and/or diarrhea
6. Sore throat and/or upper respiratory infection
7. Dizziness
8. Muscle aches
9. Joint pain

Have you previously completed a full series (3 doses) of the Hepatitis B vaccine? (Circle One)	Yes	No
Regardless of your answer to the above, you must complete one of the three sections on the next page.		

TO RECEIVE THE FULL VACCINATION SERIES, COMPLETE THIS SECTION

CONSENT FOR HEPATITIS B VACCINATION	
Please Print	
I have read the statement, on this form, about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the risks of Hepatitis B vaccination. I understand that I must have three doses of vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine.	
Name of Person to Receive the Vaccine: (PLEASE PRINT)	
Signature of Person To Receive the Vaccine:	Date:

TO REQUEST A BOOSTER VACCINATION, COMPLETE THIS SECTION

CONSENT FOR POSSIBLE HEPATITIS B BOOSTER	
Please Print	
I have read the statement, on this form, about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the risks of Hepatitis B vaccination. I affirm that I received the full vaccination series previously. Furthermore, I understand that, depending upon the date of my prior vaccination, a booster may be ruled as unnecessary. As with all medical treatment, there is no guarantee that I will be immune or that I will not experience an adverse side effect from the booster, if one is given.	
Name of Person to Receive the Vaccine: (PLEASE PRINT)	
Approximate Date of Prior Vaccination:	
Signature of Person To Receive the Booster:	Date:

TO DECLINE THE VACCINATION, COMPLETE THIS SECTION

REFUSAL OF HEPATITIS B VACCINATION	
Please Print	
I have read the statement on this form about Hepatitis B and the Hepatitis B vaccine, and the DECLINATION STATEMENT below.	
DECLINATION STATEMENT: 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 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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.	
Name of Person Declining the Vaccine: (PLEASE PRINT)	
Signature of Person Declining the Vaccine:	
Witness:	Date: