

## Hepatitis B Vaccination Consent Form

1. I am receiving a Hepatitis B immunization.
2. The vaccine against Hepatitis B is prepared from recombinant yeast cultures and is free of association with human blood or blood products.
3. The Re-combivax HB (Hepatitis B Vaccine) is given in three doses: 1) Today, 2) 1 month from now, 3) 6 months from now.
4. The vaccine is given in the upper arm.
5. The injection site may become red and sore. This is a localized reaction, common with vaccines. Other reactions are very minimal because of the method of developing the vaccine (only from the core of the virus in a yeast base).
6. If I am allergic to yeast or thimerosal (a common product used in eye wash solutions), I should not receive this vaccine.
7. If I have a serious, active infection, I should not receive this vaccine.
8. If I am on hemodialysis, I should not receive this vaccine without further evaluation.
9. If I am pregnant, or trying to become pregnant, or breast feeding, I must obtain authorization from my personal physician before receiving this vaccine.
10. If I have taken a drug of undergone treatment that lowers the body's resistance to infection (e.g. cortisone, prednisone, certain anticancer drugs or irradiation), I should not take this vaccine without further evaluation.
11. If I have an immune deficiency, I should not take this vaccine until I am further evaluated.
12. If I have problems with my heart or lungs, I should not take this vaccine until I am further evaluated.
13. If I have any bleeding disorder that prevents me from receiving an intramuscularly injection, I should not have this vaccine without further evaluation.

I have been notified of my susceptibility to Hepatitis B and have been made aware of the consequences to myself, my family, co-workers, and any unborn child, as well as the fact that my employer strongly urges me to obtain a Hepatitis B vaccination. I have had a chance to ask questions which were answered to my satisfaction.

By signing this form, I am aware of the above information and authorize the administration of the series of Hepatitis B Vaccine as outlined above.

Employee's Name \_\_\_\_\_

Employee's Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Witness Signature

Date

\_\_\_\_\_

\_\_\_\_\_

First Dose \_\_\_\_\_ Second Dose \_\_\_\_\_ Third Dose \_\_\_\_\_