

**HUMBOLDT COUNTY OFFICE OF EDUCATION
INFORMED CONSENT FOR
ADMINISTRATION OF RECOMBIVAX HB
(Hepatitis B Vaccine Recombinant)**

HEPATITIS B:

The Hepatitis B virus (HBV) which is commonly transmitted by blood and body fluids is highly infectious and can be fatal. However, people who receive the proper vaccination before being exposed to HBV are protected from the disease.

The incubation for Hepatitis B is from 6 weeks to 6 months, and the onset of acute disease is insidious. HBV infection is a major cause of acute and chronic hepatitis, cirrhosis of the liver and liver cancer.

RECOMBIVAX HB:

RECOMBIVAX HB is a non-infectious subunit viral vaccine derived from hepatitis-B surface antigen produced in yeast cells. The vaccine is indicated for immunization against infection caused by all known subtypes of hepatitis-B virus. It will not prevent hepatitis caused by other agents, such as hepatitis A virus, non-B hepatitis viruses, and other viruses known to infect the liver.

WHO SHOULD RECEIVE THE VACCINATION:

Vaccination is recommended for those employees who are, or will be, at increased risk of infection from hepatitis-B virus and those employees who are assigned tasks that may involve exposure to blood, body fluids or tissues.

CONTRAINDICATION:

Hypersensitivity to yeast or any component of the vaccine.

WARNINGS:

Individuals who develop symptoms suggestive of hypersensitivity after an injection should receive no further injections of RECOMBIVAX HB. Because of the long incubation period for hepatitis-B, it is possible for unrecognized infection to be present at the time RECOMBIVAX HB is given. RECOMBIVAX HB may not prevent hepatitis-B in such individuals.

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INFORMED CONSENT SIGNATURE FORM

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.

I have been given a copy and have read, or have had explained to me, the information contained in the attached important information statement about the Hepatitis B disease and vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and the risks of the vaccine and request that the vaccine indicated below be given to me.

EMPLOYEE SIGNATURE: _____ Date: _____

WITNESS: _____

INJECTION SCHEDULE

1st Dose: _____ / _____ By Whom: _____
Date Site of the Injection

2nd Dose: _____ / _____ By Whom: _____
Date Site of the Injection

3rd Dose: _____ / _____ By Whom: _____
Date Site of the Injection

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 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 vaccine series at no charge to me.

EMPLOYEE SIGNATURE: _____ Date: _____

WITNESS: _____