INSTRUCTIONS: Every employee covered by the OSHA Bloodborne Pathogens Standard must read and understand this sheet and then complete EITHER the Hepatitis B Vaccination Consent Form OR the Hepatitis B Vaccination Declination Form.

Viral Hepatitis B (also called serum hepatitis) is a severe liver disease of adults and children and accounts for about one-half of all hepatitis cases in the United States. It is spread between human beings by direct contact with blood in a health care setting, tattoo or acupuncture with unclean needles or instruments, shared needles during drug use, sexual contact with an infected person, shared personal items (such as toothbrushes, razors, and nail clippers) with an infected person, and by blood transfusions (which is not common in the United States). The hepatitis B virus also can be passed to an infant during childbirth if the mother is infected.

Acute Hepatitis B is characterized by fever, loss of appetite, nausea, vomiting, abdominal pain, enlargement of the liver, jaundice (yellow skin) and occasionally by rash and pain in the joints. About 0.1% of persons die with the acute disease. About 10% of people do not recover from their infection but become carriers of the virus throughout their lifetime. Many people with chronic hepatitis B have few or no symptoms, and may not know they are infected. However, this carrier state is associated closely with the development of cirrhosis of the liver, which can be fatal, and the development of liver cancer.

There is no specific treatment of Hepatitis B available.

Female personnel who are pregnant or who are nursing mothers should consult their health care providers, who must give written authorization prior to the vaccine being administered.

Personnel who have any known cardio-pulmonary compromise should consult their health care providers, who must give written consent prior to the vaccine being administered. Individuals who have well documented allergic reactions to formalin (formaldehyde) or thimerosal (mercury derivative) or yeast should receive special consultation from Health Service personnel prior to the administration of the vaccine.

There is one type of vaccine available. This is synthetic. The vaccine is generally well tolerated. As with any vaccine, there is the possibility that broad use of the vaccine could reveal rare adverse reaction not observed in the clinical trials. Of the reported reactions, approximately half of them were injection site soreness. Low grade fever, less than 101°F, occurs occasionally and is usually confined to the 48-hour period following vaccination. Systemic complaints including malaise, fatigue, headache, nausea, dizziness, myalgia, and arthralgia are infrequent and have been limited to the first few days following vaccination. Serious reactions are very rare and are mainly due to allergic reactions to a part of the vaccine. If hypersensitivity to yeast is noticed after receiving any injection of the vaccine, Health Services should be notified immediately.

Adult individuals who are not dialysis patients or immunocompromised should receive 3 one ml doses of the vaccine intramuscularly in the deltoid muscle of the arm. The first dose is given at the elected date, the second dose is given one month later and the third dose is given six months after the first dose. The duration of the protective effect of the vaccine is unknown at present.

ALTHOUGH THE VACCINE PROTECTS AGAINST HEPATITIS B, IT DOES NOT PROTECT ONE FROM OTHER INFECTIONS SUCH AS HEPATITIS A OR C, WHICH CAN BE TRANSMITTED BY BLOOD AND OTHER BODY FLUIDS. FOR THIS REASON, TECHNIQUES FOR CAREFUL HANDLING OF THESE FLUIDS CANNOT BE RELAXED.

For questions/assistance contact the Office of Safety and Risk Management at 227-7443, or schedule an appointment with Health Services.
Western Carolina University

Hepatitis B Vaccination Consent Form

INSTRUCTIONS: Every employee covered by the OSHA Bloodborne Pathogens Standard must complete EITHER this form OR the Hepatitis B Vaccination Declination Form.

I have read and understand the HEPATITIS B INFORMATION SHEET, which describes the clinical course of the disease, and the vaccination and its most frequent risks and hazards. I have discussed any questions or concerns with Health Services.

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 agree to be vaccinated with hepatitis B vaccine, at no charge to myself. I understand that I will receive the complete series of injections (3 injections over the next 6 months) required for full immunization to HBV.

I understand that I need to have written authorization from my physician before receiving the vaccine if any of the following statements is true:
- I am pregnant
- I have cardio-pulmonary compromise
- I am allergic to formalin (formaldehyde)
- I am allergic to thimerosal (a mercury derivative)
- I am allergic to yeast.

I understand that there are possible contraindications to HBV vaccination which include, but are not limited to hypersensitivity to any component of the vaccine (where recombinant HBV vaccine is used, HYPERSENSITIVITY TO YEAST is a contraindication). Patients experiencing hypersensitivity after the Hepatitis B vaccine injection should NOT receive further injections of the vaccine.

Employee Name (PRINT) ________________________________ Employee ID Number ________________________________

Employee Signature ________________________________ Date ________________________________

Department ________________________________ Department Phone Number ________________________________

Injection 1 Date and Lot Number: ________________________________
Injection 2 Date and Lot Number: ________________________________
Injection 3 Date and Lot Number: ________________________________
Vaccine to be charged to: ________________________________
Charge # ________________________________ Date of Charge: ________________________________

Please return this form to the Safety and Risk Management Office, located at Facilities Management. For questions/assistance contact the office at 227-7443.
Western Carolina University

Hepatitis B Vaccination Declination Form

INSTRUCTIONS: Every employee covered by the OSHA Bloodborne Pathogens Standard must complete EITHER this form OR the Hepatitis B Vaccination Consent Form.

I have read and understand the HEPATITIS B INFORMATION SHEET, which describes the clinical course of the disease, and the vaccination and its most frequent risks and hazards. I have discussed any questions or concerns with Health Services.

Check A OR B below

☐ A. I have been previously vaccinated with the complete series of the Hepatitis B vaccine.

☐ B. 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 infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me. 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 disease, which is 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.

Employee Name (PRINT)  Employee ID Number

Employee Signature  Date

Department  Department Phone Number

Please return this form to the Safety and Risk Management Office, located at Facilities Management. For questions/assistance contact the office at 227-7443