

**UNIVERSITY EMPLOYEE HEALTH CLINIC
(UEHC)**

HEPATITIS B VACCINATION
CONSENT/DECLINATION FORM

DATE

ID #

NAME

BIRTHDATE

IF NOT IMPRINTED, PLEASE PRINT DATE, ID #, NAME

Hepatitis B

Hepatitis B is a serious liver disease that you could get if you have contact with an infected person's blood or other bodily fluids. You can protect yourself from getting hepatitis B by getting the hepatitis B vaccine.

The vaccine is non-infectious and made from yeast that is purified and sterilized prior to administration. There is no minimum age for vaccination. It is a series of three shots given over a period of approximately six months. The second shot is given 1 month after your first one and the last shot 5 months later. The hepatitis B vaccine is safe for pregnant women.

After completion of the three doses, over 95%-98% of healthy adults develop antibodies that protect against type B hepatitis. Most people have no harmful side effects. Major side effects that have been reported are: soreness at site of injection, fatigue, mild fever, or headache and dizziness.

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 consent to receive the hepatitis B vaccination at this time. I have read the above information and had an opportunity to ask questions. I understand the benefits and risks of the vaccination as described.
- I decline the hepatitis B vaccine because I have completed the series elsewhere.
- 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 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 vaccination series at no charge to me.

Department Name

UI ID # (8-digit number; see below)

Signature

Date

Print name

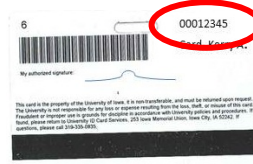
Date of Birth

Iowa One Card: on front, under name



UI ID # location:

University ID Card: on back, above name



If declining vaccine: complete, sign form and send through campus mail to: UEHC, 1097-1 Boyd Tower
If consenting to vaccine: please call Employee Health Clinic at 356-3631 for an appointment and bring this form.