

**COLUMBIA BASIN COLLEGE
HEPATITIS B VACCINE TREATMENT OPTIONS AND CONSENT FORM**

Employee Name _____ Dept. _____
ID No. _____ Date _____

Washington State Law provides that you have both the right and the obligation to make decisions about your healthcare. Completion of this form acknowledges your receipt of information needed to make an informed decision regarding treatment of the Hepatitis B virus and its risks, and verifies your personal decision on protection against the virus.

HEPATITIS B VIRUS: Hepatitis B virus is a viral infection with a major effect on the liver. Hepatitis B virus infection is transmitted through close personal contact with an infected individual. There may be six weeks to six months between exposure and the onset of symptoms.

WHO SHOULD GET HEPATITIS B VACCINE? The vaccine is recommended for persons with occupational risk. Public safety workers who are exposed to blood or blood products or who may get accidental needle sticks should be vaccinated. 1st dose : at elected date. 2nd dose: 1 month later 3rd dose: 6 months after the first dose.

POSSIBLE SIDE EFFECTS FROM THE VACCINE: The most common side effect is soreness at the site of injection. Illnesses, such as neurological reactions, have been reported after the vaccine is given, but Hepatitis B vaccine is not believed to be the cause of these illnesses.

SPECIAL PRECAUTIONS: Children, pregnant women, nursing mothers, and persons with severe heart or lung problems should not receive the vaccine unless they receive prior approval from their doctor.

IF YOU HAVE A SEVERE REACTION, OR ONE LASTING MORE THAN 48 HOURS, SEE A DOCTOR.

If you have any questions, contact the administering clinic: Lourdes Occupational Health Center.

ONE OF THE FOLLOWING MUST BE INITIALED:

_____ I choose to receive the Engerix-b series as offered by the Benton-Franklin Heath Department to help protect me from infection by the Hepatitis B virus. To my knowledge, I am not pregnant.

_____ I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B. 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.

_____ I have previously received the Hepatitis B vaccination series and have supplied CBC documentation establishing when and where I received the vaccination.

EMPLOYEE SIGNATURE DATE

WITNESS SIGNATURE DATE

VACCINATION RECORD

| DATE GIVEN | SITE GIVEN DELTOID | GIVEN BY | LOT NUMBER |
|------------|-----------------------|----------|------------|
| 1. _____ | R L | _____ | _____ |
| 2. _____ | R L | _____ | _____ |
| 3. _____ | R L | _____ | _____ |