

Byron Area Schools

312 W. Maple Avenue
Byron, Michigan 48418

VOLUNTARY EMPLOYEE IMMUNIZATION-HEPATITIS B VACCINATION

Directions – Please print the following information:

NAME _____
Last First Middle Initial
PRESENT ASSIGNMENT _____
Job Title
PRESENT LOCATION _____
SOCIAL SECURITY NUMBER _____

Directions: Please read carefully and **CHECK ONLY ONE BOX.**

AUTHORIZATION FOR HEPATITIS B VACCINATION

1. I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B virus (HBV) infection.
2. I have been given the opportunity to be vaccinated with Hepatitis B vaccine by medical personnel designated by the Employer at no charge to myself.
3. I authorize such medical personnel designated by the Employer to give me the Hepatitis B vaccine.
4. I acknowledge receipt of the information sheet titled, "Important Information About The Hepatitis B. Vaccine".

Dated: _____
Employee's Signature

Witnessed by: _____

DECLINATION OF HEPATITIS B VACCINATION

1. 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.
2. I have been given the opportunity to be vaccinated with Hepatitis B vaccine by medical personnel designated by the Employer at no charge to myself. However, I decline Hepatitis B vaccination at this time.
3. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease.
4. I acknowledge receipt of the information sheet titled, "Important Information About the Hepatitis B Vaccine".
5. If in the future I continue to have occupational exposure to blood or other potentially infectious material and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Dated: _____
Employee's Signature

Witnessed by: _____

I PREVIOUSLY RECEIVED THE HEPATITIS B VACCINATION SERIES

1. 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.
2. I have been given the opportunity to be vaccinated with Hepatitis B vaccine by medical personnel designated by the Employer at no charge to myself. However, I decline Hepatitis B vaccination at this time, as I have already received the series.
3. I acknowledge receipt of the information sheet titled, "Important Information About the Hepatitis B Vaccine".
4. If in the future I continue to have occupational exposure to blood or other potentially infectious material and I want to be vaccinated again with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Dated: _____
Employee's Signature

Witnessed by: _____

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IMPORTANT INFORMATION ABOUT THE HEPATITIS B VACCINE

PLEASE READ CAREFULLY

HEPATITIS B VACCINE:

The Hepatitis B vaccine (RECOMBIVAX HB) used in the United States is made from common baker's yeast cells through genetic engineering. The yeast-derived vaccines do not contain human blood products. The vaccine series consists of three intramuscular injections, the first two injections given one month apart and the third injection given 5 months after the second injection. Studies of all age groups have demonstrated that the vaccine is 85 to 98% effective in producing protective levels of antibodies in persons who received the vaccine. Booster doses of vaccine are not routinely recommended at the present time.

POSSIBLE SIDE EFFECTS FROM THE VACCINE:

The most commonly reported side effect is soreness at the injection site. Other reported side effects include mild flu-like symptoms, headache, and fever. As with any drug or vaccine there is a rare possibility that severe allergic reactions or even death could occur. No deaths, however, have been reported in persons who have received this vaccine. Giving Hepatitis B vaccine to persons who are already immune or to carriers will not increase the risk of side effects.

CONTRAINDICATIONS:

A person should not receive the Hepatitis B vaccination if:

- He or she has already received any Hepatitis B vaccination series in the past.
- Antibody testing reveals that the person is already immune to Hepatitis B.
- He or she has an allergy to yeast or any component of the vaccine.
- Any medical condition exists which may pose a risk if the vaccine were given.

PREGNANCY:

Based on limited experience, there appears to be no risk of adverse effects to a developing fetus when Hepatitis B vaccine is administered to a pregnant woman. The vaccine contains noninfectious agents and should cause no risk to the fetus. Contracting Hepatitis B infection, on the other hand, may result in severe disease for the mother and chronic infection in the newborn. A pregnant woman should consult with her physician before electing to receive the vaccine.

QUESTIONS:

If you have any questions about Hepatitis B or Hepatitis B vaccine, you should ask the school nurse, medical personnel designated by the Employer to administer the Hepatitis B vaccine, or your own personal physician. All persons are advised to contact their own personal physician before receiving the vaccine.