



ELITE PREMIER NURSES, LLC

Employee Name: _____ Birthdate: _____

HEPATITIS B VACCINE INFORMATION AND DECLINATION

Hepatitis B is a viral infection caused by the Hepatitis B virus (HBS) which causes death in 1-2% of patients. HBV infection is the major occupational hazard to health care workers. HBV is transmitted by percutaneous (puncture through the skin) or mucosal (direct contact with mucous membranes) exposure to infectious blood or body fluids that contain blood.

Those who are at risk for occupational exposure to blood and other potentially infectious materials are strongly encouraged to be vaccinated against Hepatitis B. The vaccine is a NON-INFECTIOUS vaccine. NO human body fluids (blood or plasma) are used in the manufacturing process of this vaccine. The only known contraindication to the vaccine is having an allergy to the vaccine components. The most common side effects from the vaccine are redness, swelling, and/or soreness at the site of the injection, a sense of fatigue, and possibly nausea.

The vaccine is administered intramuscularly into the deltoid muscle (arm) as a series of three injections over a six-month period. If you are a person with the potential of blood or body fluid exposure, a blood test will be done between 30 and 60 days after your last immunization to see if you have developed immunity to Hepatitis B. If you have not developed protective antibodies, a second series of injections will be offered to you. You will then be retested for immunity. A small percentage of individuals do not develop immunity. The vaccine is effective in over 95% of those who receive it properly.

AFTER READING PLEASE CHOOSE ONE:

_____ * I have already received the complete Hepatitis B vaccine series on _____ (date of vaccine)

_____ * I decline the vaccine. Note: If you checked this box, federal law requires you to sign the statement below.

I understand that due to my occupational exposure to blood or other potentially infectious materials that I may be at risk of acquiring Hepatitis B virus (HBV) infections. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, which is a serious disease.

PLEASE READ AND SIGN BELOW

Signature: _____ Date: _____