



# Hepatitis B Vaccination Consent

The CDC recommends that anyone who has routine contact with potentially infectious materials (OPIM) be vaccinated against hepatitis B. Your job title indicates you will have occupational exposure to OPIM. Therefore, you have the right to receive the hepatitis B vaccination series **at no cost to you**. Please read this form and the CDC hepatitis B vaccination information sheet (VIS) carefully.

Hepatitis B is an infection of the liver caused by the hepatitis B virus. The virus is found in blood and other body fluids. Hepatitis B can disable a person for weeks or months and lead to complications. Some people infected with the hepatitis B virus become chronic carriers capable of spreading the disease to others. This group usually has the greatest risk of developing long-term complications, such as chronic active hepatitis, chronic persistent hepatitis, cirrhosis, and primary cancer of the liver. Hepatitis B is spread primarily through blood and body fluids that contain blood. In the workplace, the disease can be contracted through needlesticks or other punctures; through open wounds or breaks in the skin; or through splashes of body fluids to mucous membranes. Healthcare professionals (especially those who are exposed to blood frequently) are at significantly greater risk of acquiring hepatitis B than the general population.

Read the accompanying Vaccine Information Sheet from the CDC for the most updated information for this vaccine.

The hepatitis B vaccine series consists of three doses of vaccine given according to the following schedule:

**Dose #1:** at elected date    **Dose #2:** one month later    **Dose #3:** six months after first dose

I have received and read a copy of the CDC's hepatitis B VIS. I have also read the information above or have had the information concerning hepatitis B and the hepatitis B vaccine explained to me. I have had an opportunity to ask questions, and I have had those questions answered to my satisfaction. I understand the benefits and risks of the hepatitis B vaccine, and I request to have the three-dose vaccine series given to me.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First Middle Initial

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## CLINIC USE ONLY

**Dose #1** Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Manufacturer: \_\_\_\_\_ Lot Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Left or right deltoid muscle: L / R

CDC Vaccine Information Sheet Edition Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Second Vaccine Return Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Administering Nurse: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Dose #2** Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Manufacturer: \_\_\_\_\_ Lot Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Left or right deltoid muscle: L / R

CDC Vaccine Information Sheet Edition Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Third Vaccine Return Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Administering Nurse: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Dose #3** Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Manufacturer: \_\_\_\_\_ Lot Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Left or right deltoid muscle: L / R

CDC Vaccine Information Sheet Edition Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Administering Nurse: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_