

HEPATITIS B IMMUNIZATION INFORMED CONSENT/REFUSAL

Hepatitis is an inflammation of the liver which may be caused by several viruses, one of which is Hepatitis B. The Hepatitis B virus has been detected in almost all body fluids and secretions including blood, saliva, semen, vaginal fluid, breast milk, tears, and urine of someone infected with Hepatitis B. Although contact with infected blood is the most common way in which the virus is transmitted, it can also pass through cuts, scrapes, or breaks in the skin or mucous membrane.

A carrier of Hepatitis B is someone who may or may not show signs of liver disease, but who continues to carry the Hepatitis B virus in the body and, therefore, can transmit to others.

A Hepatitis B virus infection may be mild or more severe. Death is uncommon in the early stages of infection. Chronic infection develops in 6-10 percent of patients who become carriers. This chronic infection may last for years, possibly for life, and it may lead to cirrhosis and liver cancer.

There is not a treatment or drug available that can kill the Hepatitis B virus. In most cases the body's own defense mechanism will eliminate the infection. In health care workers, the risk of acquiring Hepatitis B is determined mainly by their degree of exposure to blood.

Hepatitis B vaccine is recommended for persons at high risk of contracting Hepatitis B. It will not prevent Hepatitis caused by other agents such as Hepatitis A virus or Hepatitis non A, non B virus.

Hepatitis B Immunization should be withheld in the presence of:

1. Any serious active infection except when a physician believes withholding the vaccine entails a greater risk.
2. Hypersensitivity (allergy) to yeast or any components of the vaccine (alum, thermosol, mercury derivative, aluminum hydroxide, formaldehyde).
3. Pregnancy or breast feeding.
4. Severe heart/lung problems

Hepatitis B vaccine is generally well-tolerated. As with any vaccine there is the possibility that broad use of the vaccine could reveal adverse reactions not observed in clinical trials. There may be a local reaction at the injection site such as soreness, pain, tenderness, itchiness, redness, black/blue mark, swelling, and warmth or nodule formation. Other reactions may include low grade fever, fever over 102 degrees (uncommon), general arthralgia or rash neurological disorder.

The vaccine consists of three injections. The first dose is at an elected time, the second dose one month later, and the third dose six months after the first dose. Full immunization requires three doses of the vaccine over a six month period to confer immunity. However, the duration of the protective effects of the Hepatitis B Vaccine is presently unknown and the need for boosters is not yet defined.

Students enrolled in the Athletic Training Program at the University of South Carolina are encouraged to obtain their own immunizations prior to the start of their first year in the program. The cost shall be incurred by the student. If a student so desires, he/she may decline by signing the appropriate form and submitting it to the Athletic Training Program with his/her application.

**HEPATITIS B
IMMUNIZATION**
Informed Consent/Refusal

I have read the information on this form about the Hepatitis B vaccine, and I have had the chance to ask questions, which were answered to my satisfaction. I believe I understand the benefits and risks of Hepatitis B vaccine and choose to accept the immunization against Hepatitis B. To the best of my knowledge, I do not have any active infections, nor am I pregnant or nursing an infant. Vaccination for Hepatitis B is at the expense of the Athletic Training Student.

Student's Printed Name

Student's Signature

Date

USC Student ID Number

| | Date | Site | Lot # | Immunized By |
|--------------------------------|-------------|-------------|--------------|---------------------|
| 1st Dose | | | | |
| 2nd Dose | | | | |
| 3rd Dose | | | | |
| HbsAB Screening Ordered | | | | |

Health Care Facility Name

Health Care Facility Contact Information

HEPATITIS B VACCINE DECLINATION (MANDATORY)

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 my own expense. 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 material and want to be vaccinated with Hepatitis B vaccine, I can receive, at my own expense, the vaccination series.

Date: _____

Signature, Athletic Training Student

Name, Athletic Training Student (Print)

Date: _____

Signature, Parent/Guardian (If student under 18)

Name, Parent/Guardian (Print)