

Colquitt Regional Medical Center Hepatitis B Vaccine Acceptance/Refusal Form

Hepatitis B Virus

KNOW THE RISK OF HEPATITIS B: The virus can survive for more than 7 days in dried blood or on exposed surfaces – increasing the chances of infection.

HOW YOU CAN GET IT:

- * Exposure to blood through accidental needle sticks.
- * Other contact with blood or body fluids - the virus can enter your body through our eyes or mouth.
- * Sexual contact with more than one partner in a 6-month period.
- * The more closely you work with patients or handle by-products of patient procedures the greater your risk of contact with the virus.

IT CAN MAKE YOU VERY SICK: Hepatitis B attacks your liver and can make you extremely ill – sick enough to affect your job and your personal life. In a small percentage of patients (less than 1%) Hepatitis B is the direct cause of early death. The disease can lead to cirrhosis of the liver or liver cancer.

NO CURE IS AVAILABLE: Once you get Hepatitis B, there is no treatment – but there is a way to prevent it. You can protect yourself with vaccination. Vaccination includes:

1. 3 shots of vaccine usually provide protection.
2. Newer vaccines are not made from blood products – you cannot get AIDS or Hepatitis B from the vaccine.
3. Soreness, swelling or redness at the site of vaccination are the most common side effects.

The benefits and risks of Hepatitis B Vaccine have been explained to me. I understand the 3-dose vaccine is offered at no charge to employees who have occupational exposure (reasonable anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may results from the performance of an employee's duties).

I understand that due to my occupational exposures 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 no charge to myself. However, I decline Hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, or 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 Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I (_____ do) (_____ do not) request to receive the Hepatitis B Vaccine at this time.

Signature

Date

Witness

Date