

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



Community Colleges of Spokane HEPATITIS B IMMUNIZATION CONSENT/WAIVER

Employee's name _____ SID number

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Job title _____ Supervisor _____

I have received training regarding hepatitis B virus: YES NO Date of training _____

Please read each of the following items carefully:

1. I understand that I will need a series of **three** injections of hepatitis B vaccine in order to be protected from hepatitis B virus infection. The vaccine is 80-90% efficient in preventing hepatitis B. Responsiveness is age dependent, with children showing a more active response to the vaccination than adults.
2. I understand that I should consult with a health care provider at Spokane County Health Immunization Clinic before receiving the vaccine if I can be described in any one of the following categories: pregnant women; nursing mothers; persons with severe heart or lung problems or a documented immune deficiency; persons who are allergic to yeast; persons with a bleeding disorder that prevents them from receiving an intramuscular shot; persons with a fever or serious, active infection; or who have received another type of vaccine in the past 14 days.
3. **Risks and possible side effects:** Some people will have tenderness at the injection site for a few days. Some will have fevers, chills, headaches, muscular aches or a rash within the first 48 hours. Although no serious adverse reactions attributable to the hepatitis B vaccination have been reported during the course of clinical trials, there is always the possibility that a broader use of the vaccine could reveal adverse reactions not observed in the clinical testing. As with the administration of any vaccine or drug, there is always the possibility of more severe effects (and, in rare instances, even death). If severe reactions occur (or lasts over 48 hrs.), I should see a health care provider.

Please read each of the following two sections carefully, **sign only one** (the section which reflects your decision at this time), and submit the signed form to the trainer prior to leaving the training. The signed form will be retained in the CCS Environmental Health and Safety office.

SECTION I: CONSENT TO RECEIVE THE HEPATITIS B IMMUNIZATION SERIES

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 read and I understand the information on this form and I wish to be vaccinated with hepatitis B vaccine, a series of three doses of vaccine, at no charge to myself. **I have no known sensitivity to yeast.**

Signature _____ Date _____

SECTION II: WAIVER OF THE HEPATITIS B IMMUNIZATION SERIES

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 no charge to myself. 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 materials, while employed by the Community Colleges of Spokane, and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me. I have read and I understand the information on this form and I **DO NOT** wish to be vaccinated with hepatitis B vaccine, a series of three doses of vaccine, at this time.

Signature _____ Date _____

I have already completed the 3-shot immunization series.