

# The University of Texas at Tyler

## HEPATITIS B VACCINATION CONSENT OR DECLINATION FORM

Full Name: \_\_\_\_\_

UTT EID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- I understand that due to my potential occupational exposure to blood or other potentially infectious materials (OPIM), 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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to myself.
- I understand that due to my potential occupational exposure to blood or OPIM, I may be at risk of acquiring 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 because I have previously received the entire series of vaccinations.** I understand that by declining this vaccine, I release The University of Texas at Tyler from any liability related to the inadequacy of my previous vaccination. If, in the future, I continue to have occupational exposure to blood or OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to myself.
- I consent to be immunized for the Hepatitis B vaccination (HBV) series. A new consent form will be completed for each injection in the series.**

I have been offered the opportunity for Hepatitis B surface antibody testing.

**I  accept /  decline to have my blood tested at no cost to me 1-2 months following completion of the HBV vaccine series to determine immunity.** A positive result indicates immunity and a negative result indicates no immunity. If negative, a second 3 dose series will be offered to me and I may be retested. If I remain negative after a second 3 dose series, I will be referred for a medical evaluation.

I understand and/or have been informed about the following:

1. I received or was offered the HBV Vaccination Information Sheet (VIS) which lists the indications, benefits, presently known side effects and adverse reactions of receiving the HBV vaccine.
2. I have been given the opportunity to ask questions regarding the virus, the vaccine, and my potential occupational exposure.
3. I understand there is the potential for localized non-serious side effects such as swelling, redness or soreness which is generally self-limiting and requires no treatment.
4. I understand there is no guarantee that I will not experience an adverse reaction or side effect from the HBV vaccine or antibody testing procedure.
5. I have never had a serious allergic reaction or other problem to baker's yeast or after receiving doses of HBV in the past.
6. I am not currently pregnant. (HBV may be administered during pregnancy with physician authorization.)
7. I am not currently ill.

Signature \_\_\_\_\_ Date \_\_\_\_\_