



Wilkes University Health and Wellness Services  
84 W. South Street  
Wilkes-Barre, PA 18766  
Phone: (570) 408-4730  
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## Notice of Hepatitis B Vaccination and/or Declination Statement

**Please Complete:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ WIN #: \_\_\_\_\_  
Month Day Year  
Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Telephone/Cell: ( \_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Please select one of the following:

**If you wish to receive Hepatitis B Vaccination**

\_\_\_\_\_ I would like to receive the Hepatitis B immunizations.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you already received the Hepatitis B Vaccination**

\_\_\_\_\_ To the best of my knowledge, I received the Hepatitis B vaccine. The dates of my Hepatitis B immunizations are:

Dose #1 \_\_\_\_\_ Dose #2 \_\_\_\_\_ Dose #3 \_\_\_\_\_

(If you do not know the dates you received the doses, you can leave these three lines blank).

**If you do not wish to receive the Hepatitis B Vaccination**

**Hepatitis B Declination Statement:**

*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 and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.*

\_\_\_\_\_ I am not interested in receiving the Hepatitis B immunizations at this time.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Hepatitis B Vaccination Health History Questionnaire

All individuals must fill in this section:

<b>Last Name:</b>	
<b>First Name:</b>	
<b>WIN #:</b>	
<b>Department:</b>	
<b>Job Title:</b>	
<b>Email Address:</b>	
<b>Today's Date:</b>	
<b>Initial Here:</b>	

All individuals must answer the following questions:

<b>1. Have you ever been told that you have Hepatitis B?</b>	<b>Yes</b>		<b>No</b>	
<b>2. Do you currently have any fever or infections?</b>	<b>Yes</b>			
<b>3. Are you currently taking any medications?</b>	<b>Yes</b>			
<b>3a. If YES, please list your current medications:</b>				
<b>4. Do you have any chronic heart problems, lung problems, cancer or disease affecting your immunity?</b>	<b>Yes</b>		<b>No</b>	
<b>4a. If YES, please explain:</b>				
<b>5. Do you have any allergies?</b>	<b>Yes</b>		<b>No</b>	
<b>5a. If YES, please explain:</b>				

**Consent:**

*I have read the above statements and have been provided with additional information about the Hepatitis B virus vaccine. I am aware that I should ask any questions I may have regarding this vaccine to the medical professionals at University Health Services prior to receive the initial dose of this series. I understand that in my work at Wilkes University I may be at risk of contracting the Hepatitis B virus and that the vaccination has been recommended to prevent my becoming infected or ill. I consent to receive injections of Hepatitis B vaccine and if necessary to have blood drawn following the series.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR HEALTH SERVICES USE ONLY**

Date Administered	Lot Number	Location	Provider
1.			
2.			
3.			

# Hepatitis B Vaccine

## What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus. Hepatitis B can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

Hepatitis B virus infection can be either acute or chronic.

**Acute hepatitis B virus infection** is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis B virus. This can lead to:

- fever, fatigue, loss of appetite, nausea, and/or vomiting
- jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements)
- pain in muscles, joints, and stomach

**Chronic hepatitis B virus infection** is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronically-infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves. Up to 1.4 million people in the United States may have chronic hepatitis B infection. About 90% of infants who get hepatitis B become chronically infected and about 1 out of 4 of them dies.

Hepatitis B is spread when blood, semen, or other body fluid infected with the Hepatitis B virus enters the body of a person who is not infected. People can become infected with the virus through:

- Birth (a baby whose mother is infected can be infected at or after birth)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Each year about 2,000 people in the United States die from hepatitis B-related liver disease.

Hepatitis B vaccine can prevent hepatitis B and its consequences, including liver cancer and cirrhosis.

### 2 Hepatitis B vaccine

Hepatitis B vaccine is made from parts of the hepatitis B virus. It cannot cause hepatitis B infection. The vaccine is usually given as 3 or 4 shots over a 6-month period.

**Infants** should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6 months of age.

All **children and adolescents** younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated.

Hepatitis B vaccine is recommended for unvaccinated **adults** who are at risk for hepatitis B virus infection, including:

- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term monogamous relationship
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who have household contact with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled persons
- Persons in correctional facilities
- Victims of sexual assault or abuse
- Travelers to regions with increased rates of hepatitis B
- People with chronic liver disease, kidney disease, HIV infection, or diabetes
- Anyone who wants to be protected from hepatitis B

There are no known risks to getting hepatitis B vaccine at the same time as other vaccines.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

### 3 Some people should not get this vaccine

Tell the person who is giving the vaccine:

- **If the person getting the vaccine has any severe, life-threatening allergies.**  
If you ever had a life-threatening allergic reaction after a dose of hepatitis B vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Ask your health care provider if you want information about vaccine components.
- **If the person getting the vaccine is not feeling well.**  
If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.

### 4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get hepatitis B vaccine do not have any problems with it.

**Minor problems** following hepatitis B vaccine include:

- soreness where the shot was given
- temperature of 99.9°F or higher

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

Your doctor can tell you more about these reactions.

**Other problems that could happen after this vaccine:**

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting and injuries caused by a fall. Tell your provider if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get shoulder pain that can be more severe and longer-lasting than the more routine soreness that can follow injections. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: [www.cdc.gov/vaccinesafety/](http://www.cdc.gov/vaccinesafety/)

### 5 What if there is a serious problem?

**What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a **severe allergic reaction** can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think it is a **severe allergic reaction** or other emergency that can't wait, call 9-1-1 or get to the nearest hospital. Otherwise, call your clinic.

Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS does not give medical advice.*

### 6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation). There is a time limit to file a claim for compensation.

### 7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

## Vaccine Information Statement Hepatitis B Vaccine

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