

UNITED MEDICAL STAFFING NETWORK

HEPATITIS B VACCINE (Hepatitis B Virus – HBV) *Disease Vaccine Side Effects*

The Disease- Hepatitis B is a viral infection caused by Hepatitis B virus which causes death in 1% to 2% of patients. Most people with Hepatitis B recover completely, but approximately 5% to 10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active Hepatitis and cirrhosis. HBV also appears to be a causative factor in the development of liver cancer. Immunization against Hepatitis B can prevent acute Hepatitis and also reduce sickness and death from chronic active Hepatitis, cirrhosis and liver cancer.

Hepatitis B Vaccine- Enderix – B recombinant is a noninfectious subunit viral vaccine derived from Hepatitis B surface antigen (HBsag) produced in yeast cells. A portion of the Hepatitis virus gene is closed into yeast and the vaccine for Hepatitis B is produced from cultures of the recombinant yeast strain. The vaccine against Hepatitis B, prepared from recombinant yeast cultures, is free of association with human blood products. Routine immunization consists of three doses of vaccine given over a six-month period. The second dose is given one month after the first and the third dose is given six months from the first. Primary adult vaccination consists of three intramuscular doses of 1.0ml vaccine each. Optimal protection is not conferred until after the third dose. The duration of the immunity is unknown at this time. You can donate blood after receiving the vaccine providing you have no other contraindications to donating blood.

Possible Side Effects of Vaccine- Common side effects are soreness, swelling and redness at the injection site for about 48 hours. Low-grade fever (less than 101 degree Fahrenheit) occurs in some patients for 48 hours. Complaints of malaise, fatigue and joint pain are infrequent and usually last for only a few days. A rash has rarely been reported. In a small number of patients, neurologic reactions, including the Gullian-Barre syndrome have occurred in the period following Hepatitis B vaccination. The rate of occurrence of Gullian-Barre syndrome is not thought to be significantly increased above that observed in normal adults. These reactions are not thought to be related to Hepatitis B vaccine. Hepatitis B vaccine should not be administered to individuals with hypersensitivity to vaccine components. Hepatitis B vaccine would not be expected to be harmful to a developing fetus, however its safety for the fetus had not been demonstrated; accordingly, Hepatitis B vaccine should not be given to pregnant women and nursing mothers unless it is strongly indicated.

I have read the above statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to have all my questions answered. I certify that I understand the benefits and risks of Hepatitis B vaccination and the benefits and risks of not having the vaccination. I understand that I must have all three doses of the vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune, that the vaccine will prevent me from developing Hepatitis B, or that I will not experience an adverse side effect from the vaccine. I understand this is a voluntary vaccination.

Print Name

Date

Signature

UNITED MEDICAL STAFFING NETWORK

**TEMPORARY EMPLOYEE
STATUS OF
HEPATITIS B VACCINE
(Hepatitis B Virus – HBV)**

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). My status is as follows:

_____ I have received a Hepatitis B vaccination previous to my employment with UMSN.

_____ I have received the complete series of Hepatitis B vaccinations previous to my employment with UMSN.

_____ I am immune to the Hepatitis B virus infection.

_____ My current medical condition does not allow vaccination at this time.

_____ I request the Hepatitis B vaccination through my employment with UMSN.¹

_____ I decline at this time.

I understand that I must submit appropriate medical documentation to UNITED MEDICAL STAFFING NETWORK to verify the statement(s) marked above. This documentation must be received before I will be given an assignment.

Print Name

Date

Signature

Witness

Date

¹ Each shot administered will carry a payroll deduction and each deduction will be reimbursed to the employee upon completion of 350 hours for each shot. Total hours include any employment through UNITED MEDICAL STAFFING NETWORK, a MEDSEARCH Division. The employee must provide a receipt for each vaccination.