

# HEPATITIS B FORM

## NURSING PROGRAM

### AUTHORIZATION FOR HEPATITIS B VACCINATION CONSENT FORM

Please Print or Type:

Name: \_\_\_\_\_ SID: \_\_\_\_\_  
(Last, First, MI)

Address: \_\_\_\_\_  
(Street Number, City, State, Zip Code)

Telephone Number: \_\_\_\_\_ Work: \_\_\_\_\_

Hepatitis B is one of at least three viruses that cause a systemic infection, with major pathology in the liver. The others are Hepatitis A virus and Non-A, Non-B viruses, Hep C.

Hepatitis B virus is an important cause of viral hepatitis. There is no specific treatment for this disease. It has been estimated that more than 170 million people in the world today are infected with Hepatitis B virus. The serious complications of Hepatitis B infection include massive hepatic necrosis, cirrhosis of the liver, chronic active hepatitis and hepatocellular carcinoma. The vehicles for transmission of the virus are often blood and blood products. Viral antigen has also been found in tears, saliva, breast milk, urine, semen and vaginal secretions. Infection may occur when Hepatitis B virus, transmitted by infected blood fluids, implanted via mucous surfaces or percutaneously introduced through accidental or deliberate breaks in the skin.

Vaccination is recommended in personnel of all ages, who are or will be at increased risk of infection with the Hepatitis B virus. Groups identified as being at risk of infection are:

- Health Care Professionals
- Nurses
- Paramedical personnel and custodial staff who may be exposed to the virus via blood and other body fluids.
- Personnel who give direct patient care.

I, \_\_\_\_\_ have read and understand the above information on Hepatitis B virus. I hereby consent to receiving the Hepatitis B vaccine from either, my private physician or the Health Department. I will not hold the Community College of Denver, my designated provider, or any person administering these vaccinations liable for any adverse effects which may result.

I previously have received the Hepatitis B Vaccine Series on the date of \_\_\_\_\_

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

\_\_\_\_\_  
Print Student Name Date

### **Hepatitis B Vaccine Declined**

I understand that due to my occupation's potential exposure to body fluids, or other infections materials, I may be at risk of acquiring Hepatitis B (BV) infection. However I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of occupational exposure and if I want to be vaccinated with hepatitis B vaccine, I may do so.

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