

**SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER
AUTHORIZATION / REFUSAL – HEPATITIS B VACCINATION**

I, _____, on this _____ day of _____, 20____, hereby do/do not authorize Southern Highlands Community Mental Health Center to immunize me against Hepatitis B. I have received training and counseling by a Healthcare Professional on the efficiency, safety, method of administration, methods of exposure and risks of not being vaccinated.

I have been advised that Hepatitis B vaccination is a non-infectious, yeast-based vaccine given in three (3) injections in the arm. It is prepared from recombinant yeast cultures and is free of association with human blood or blood products. I understand that if I have ever had an allergic reaction to Baker's yeast I SHOULD NOT take the vaccine. More than 90 percent of those vaccinated will develop immunity to the Hepatitis B virus. At this point it is unclear how long immunity lasts, so booster injections may be needed at some point in the future.

I understand the risks of this procedure include:

1. Locally: skin reddening, swelling, warmth, soreness, hardening of the injection site.
2. Systemically: nausea, headache, fatigue, dizziness, fever, muscle pain, joint pain, and rash.

No serious reactions have been reported in clinical trial of this vaccine, but the possibility, although quite small, cannot be ruled out.

NOTE: Limited data indicates no evidence of risk for adverse effects to developing fetus when Hepatitis B vaccine is administered to a pregnant woman but before administration by SHCMHC nurses, you must consult and obtain written permission of your OB/GYN specialist. If you are breast feeding, a written permission must be obtained by the child's pediatrician. This expression of risk is intended to be a communication of the most foreseeable complications of this procedure and does not include all conceivable consequences of the procedure.

I understand that this vaccine does not provide immunity to Hepatitis Types A, Non-A, or Non-B.

I understand that the risk involved in not receiving the immunization includes: greater risk of contracting Hepatitis B, the likely need to blood testing and prophylactic measures after suspected exposure. In addition to contracting Hepatitis B. I understand that some who contract Hepatitis B virus (HBV) become carriers, passing the disease along to others.

I understand that Hepatitis B vaccine is being offered to me at no cost by Southern Highlands and that if I elect to participate in the vaccination program, I will not be scheduled to work in an area where it is "reasonably anticipated" that I will have exposure to blood or other potentially infectious materials until I have received my first injection

I understand that I will receive written reminders about the date of the second and third injection. In the event I decide to discontinue the vaccine, I understand that I will be asked to sign a declination form. I understand that if I begin the vaccination program but do not complete it but later decide to participate that I will be responsible for payment of the next series of three injections and testing.

I understand that if I decline to participate in the Hepatitis B vaccination program that I may later decide to accept the Hepatitis B vaccine and that Southern Highlands will make the vaccine available at no cost. I understand that I will be requested to sign a consent form prior to receiving the vaccine.

I understand that if I have previously had the Hepatitis B vaccination that I must provide documentation of the vaccination. If I have previously had the vaccine or refuse the vaccine, SHCMHC is released from any liability.

The information set forth above was provided to me and I have had the opportunity to ask questions. All of my questions have been answered and I understand that I may ask questions in the future.

_____ I have never had a serious allergic reaction to Baker's yeast.

_____ I refuse the inoculations.

Employee Signature: _____ Date: _____ SSN: _____