

CITY OF SANTA CLARITA

CONSENT FOR ADMINISTRATION OF SYNTHESIZED RECOMBINANT DNA HEPATITIS B VACCINE

EMPLOYEE: _____

The purpose of receiving the Synthesized Recombinant DNA Hepatitis Vaccine is to acquire immunity to the Hepatitis B Virus. Synthesized Recombinant DNA Hepatitis B Vaccine is noninfectious sub-unit viral vaccine from the Hepatitis B Surface Antigen produced by a recombinant strain of yeast protein. It is free of association of human blood products. Vaccination with this vaccine is performed by two injections administered one month apart, and a third administered six months after the first injection. The vaccine is given intramuscularly in the deltoid muscle. All three doses are necessary in order for the vaccine to be effective. However, about 10% of those receiving the vaccine will not become immune. Although the duration of the protective effect of the vaccine is unknown at present, available data suggest that immunity will last for about five years, at which time a single booster dose of vaccine might be necessary to maintain immunity.

The Synthesized Recombinant DNA Hepatitis B Vaccine will NOT be given to pregnant and nursing women, people with severe heart disease, lung disease, serious active infection, or know allergy to yeast. Employees who develop symptoms suggestive of hypersensitivity after one injection should not receive further injections.

Adverse reactions to the vaccine are reported to be uncommon and usually mild and temporary. The most common side effect is soreness, redness, swelling and warmth at the injection site. Less common occurrences include: fever (usually less than 101 degrees F.), chills, flushing, sweating, upper respiratory infection, influenza, cough swollen glands, earache, fatigue, headache, dizziness, insomnia, dysuria, hypotension, muscle pains, joint pains, and rash. The vaccine has not been shown to cause or transmit disease but, as with any vaccine, there is a possibility that a rare or unusual disease or adverse reaction may occur, including death or disability. Employees taking the vaccine do so at their own risk.

I hereby acknowledge that I have been informed of the nature and advised of the risks and complications inherent in; the expected benefits of; the alternatives, risks, benefits, and the possible consequences of receiving the Synthesized Recombinant DNA Hepatitis Vaccine.

I verify that I have received all information I desire about the recombinant HB vaccine and I hereby give consent for vaccination. I understand the benefits and risks involved and agree not to hold the administering medical professional(s) or my employer responsible for any adverse reactions. I understand I am responsible for reporting any possible allergies to this vaccine as well as any adverse effects to the medical facility, which administered the vaccine.

Employee Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if employee is under age 18)