

# Employee Hepatitis B Vaccination Consent / Refusal Form

Kirkwood Community College

Name (print) \_\_\_\_\_ SS# \_\_\_\_\_  
Department \_\_\_\_\_ Job Title \_\_\_\_\_

Facts to remember when making your decision regarding the HBV series:

- Hepatitis B is one of several viral infections of the liver that can cause severe illness and even death.
- Hepatitis B is a bloodborne pathogen. Sources of exposure include any skin or mucous membrane exposure to blood, semen, vaginal secretions, cerebral spinal fluid, synovial fluid, plural fluid, pericardial fluid, amniotic fluid or other body fluids if they contain visible blood.
- The most common methods of exposure are needle sticks, cuts with bloody equipment or splashes of blood or infected material (including raw sewage) into a mucous membrane.
- Anyone who has an exposure risk to any of the above listed fluids needs to strongly consider the HBV series.
- The HBV is a synthetic vaccine, contains no substances of human origin and is manufactured using yeast.
- Adverse reactions to the HBV are rare. The most common side effect is soreness at the injection site. Other side effects include, but are not limited to: fatigue, fever, headache, dizziness, chills, flu-like symptoms, rash, asthma-like symptoms, abnormal liver tests, Guillian-Barre syndrome, Bell's palsy and myelitis.

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**All Kirkwood Community College employees with BBP exposure risk are required to complete the consent / refusal statement below or provide records of previous Hepatitis B vaccination dates from a healthcare practitioner.**

I have read and understand the information about the Hepatitis B Virus, the vaccine to prevent the disease and Kirkwood's responsibility to offer the HBV series to all eligible employees free of charge. I understand that the HBV series is voluntary.

**CONSENT:** I understand my risk of BBP exposure and I **want** to receive the HBV series at this time.  
Signature \_\_\_\_\_ Date \_\_\_\_\_

The Campus Health Director will contact you with information to start the HBV series. St. Luke's Workwell Clinic provides this service for Kirkwood Community College and will give you documentation to return to Campus Health after each injection.

**REFUSAL:** I understand my risk of BBP exposure, but I do not want to receive the HBV series at this time. I understand I can change my mind at any time and can begin the HBV series by contacting Campus Health.  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**HBV RECORDS:** I have already received the Hepatitis B vaccination.  
Proof of vaccination from my healthcare provider is: **(circle one)**

Already on file in Campus Health / Attached / Will be faxed to Campus Health at 319-398-7114.

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