

Hepatitis B Immunization Consent/Waiver

I understand that due to my intended job role, there is a possibility of occupational exposure to blood or other potentially infectious materials (OPIM). I therefore may be at risk of acquiring a Hepatitis B virus (HBV) infection. I can confirm that I have been informed of and understand the following:

1. By receiving a Hepatitis B vaccination course, I may potentially reduce the risk of contracting an occupationally related hepatitis infection.
2. I may experience some side effects from the course of vaccinations including (but not limited to) dizziness, headaches, diarrhea, soreness and or bruising at the injection site, body aches and chills, sweating, flushing, skin tingling and muscular weakness.
3. In order to achieve adequate immunity to viral Hepatitis B, I should receive the complete series of 3 intramuscular vaccinations. After the 1st injection, a 2nd injection should be completed at 1 month, and the 3rd injection at 6 months after the 1st injection.
4. There is a strong likelihood the vaccine will be successful if all 3 doses are received, but there is a potential that even when administered properly the vaccine will not result in the desired immunity, such that there is a chance you may still become infected with HBV even if you complete the full series.
5. Windsor Healthcare Recruitment (WHR) are willing to cover the costs of the 3-injection series for you. If you leave the employment of WHR before the 3-injection series has been completed, you confirm that it will be your responsibility to complete the course with your own appointed medical provider.
6. I acknowledge that if any of the following apply to me I should NOT receive the vaccinations:
 - a) Previous allergic reaction to a Hepatitis B vaccination (including ingredients thimerosal, mercury or aluminium)
 - b) recent illness including respiratory or gastric symptoms
 - c) allergy to yeast
 - d) current pregnancy, nursing a baby or planning to be pregnant soon..

You are required to complete ONE of the following statements:

<p>I Decline a Hepatitis B Vaccination currently. I have already received 3 injections and have immunity from Hepatitis B.</p>
<p>I Decline a Hepatitis B Vaccination currently. I do not wish to have the series of 3 injections at this time at no charge to me. I understand that if I do not have immunization from Hepatitis B then I continue to be at risk of contracting the disease. If I change my mind and I am still employed by WHR in a job role that is identified as having increased risk blood or other potentially infectious materials (OPIM), then I will be able to receive the vaccinations at a time of my choosing at no cost to me.</p>
<p>I Agree to receive 3 Hepatitis B Vaccinations. I have NOT been previously immunized and to best of my knowledge, none of the situations in Clause 6 above relate to me.</p>

By signing this form I confirm that I have been given the opportunity to ask any questions and that I understand I should consult with my own Physician before proceeding with Hepatitis B vaccinations.

Name	Date
Signature	