

# UNIVERSITY OF PITTSBURGH

## **Hepatitis B**

Hepatitis B is a serious liver infection caused by the hepatitis B virus. Personnel with potential exposure to blood, body fluids, or other potentially infectious materials are at risk of getting hepatitis B virus infection. There is a hepatitis B vaccine. The purpose of the vaccine is to provide immunity to hepatitis B virus. The vaccine consists of three injections (shots) given over a six month period. All three injections are necessary to gain effective long term immunity. The vaccine is provided free of charge by the University of Pittsburgh for personnel with exposure to blood, body fluids, or other potentially infectious material.

Hepatitis B infection of a pregnant woman may result in severe disease for the mother and the newborn. Pregnancy or breast feeding is not a reason to prohibit the use of this vaccine. There should be no risk to a fetus from the vaccine.

The hepatitis B vaccine is produced in yeast cells (common baker's yeast.). Those persons with an allergy or sensitivity to yeast should not receive the vaccine.

The vaccine may have side effects including but not limited to injection site soreness, tenderness, redness, bruising, itching, and fatigue. The incidence of serious side effects from the vaccine is less than 1%. There have been no long-term adverse effects from the hepatitis B vaccine, after thirty years of use.

Every employee with potential exposure to blood, body fluids, or other potentially infectious materials **MUST** complete the attached form. Please sign only **ONE** section.

If you want the hepatitis B vaccine but have not already received it, please sign section **A** to Accept and visit the Employee Health Clinic, Suite 500.59 Medical Arts Building.

If you do not want the vaccine, only sign section **B** (Decline).

If you have already been vaccinated for hepatitis B, only sign section **C**.

After completion, place the form in an envelope, seal the envelope and return it to your supervisor.

**UNIVERSITY OF PITTSBURGH  
HEPATITIS B VACCINE**

NAME: \_\_\_\_\_ Pitt ID#: \_\_\_\_\_

***Please sign form in only ONE section: A, B, OR C***

**HEPATITIS B VACCINE ACCEPTANCE**

The risks and benefits of receiving the vaccine and the risks of acquiring hepatitis B from a work exposure have been explained to me. I understand this information and have had all of my questions answered to my satisfaction. I voluntarily give my consent to receive the recombinant hepatitis B vaccine. I acknowledge that no guarantees have been made to me regarding the effectiveness of the vaccine or the absence of adverse reactions to the vaccine.

**A – Accept** \_\_\_\_\_  
(Signature) (Date)

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**HEPATITIS B VACCINE REFUSAL**

I understand that due to my potential exposure to blood or other potentially infectious materials during my job duties, I may be at risk of acquiring hepatitis B infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine free of charge. The risk of hepatitis B infection and the benefit of hepatitis B vaccination have been explained to me. I **DECLINE** the hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure at the University of Pittsburgh to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

**B – Decline** \_\_\_\_\_  
(Signature) (Date)

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**PRIOR HEPATITIS B IMMUNIZATION**  
**(Complete if applicable)**

I have previously received hepatitis B vaccination in \_\_\_\_\_ (*indicate year received*).

By \_\_\_\_\_ (*indicate doctor/clinic*)

**C – Prior Vaccination** \_\_\_\_\_  
(Signature) (Date)

FOR CLINIC USE ONLY	
Date Administered	
Vaccine Manufacturer	
Lot Number	
Expiration Date	
Injection Site	
Signature	Date