General Information
Hepatitis B virus (HBV) infection is a major health problem in the United States. It is transmitted in virtually all body fluids. It can be transmitted by puncturing of the skin with a contaminated needle or instrument, through contaminated blood products, by getting contaminated blood or body fluids in an open wound or mucous membrane or through sexual contact. Individuals may become carriers of hepatitis B even though they may not exhibit symptoms of the disease. In addition, individuals may develop complications such as chronic cirrhosis, liver failure, and cancer of the liver.

The most effective way of preventing HBV infection is through immunization. Because health care workers are considered high risk for contracting HBV, it is recommended that they be vaccinated with HBV vaccine. The vaccine may not be effective if the individual has unrecognized HBV infection at the time of the vaccine administration, or if the individual does not achieve protective antibody titers.

Vaccine precautions
Delay vaccination in individuals who have any febrile illness or active infection and in individuals who are pregnant or are nursing mothers.

Adverse reactions
The most frequently reported adverse reactions are injection site soreness (3-29%) and temperature > 37.7° C (1-6%).

Recommended dosing schedule
The usual immunization regimen consists of three doses of the vaccine given according to the following schedule:

<table>
<thead>
<tr>
<th>First dose</th>
<th>at elected date</th>
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<tbody>
<tr>
<td>Second dose</td>
<td>1 month later</td>
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<tr>
<td>Third dose</td>
<td>6 months later</td>
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In addition, it may be recommended that you have an antibody test one month after the third dose to insure that adequate antibody levels have been attained.

Receipt of Information
I have read and understand the above information. I understand that if I have not been previously immunized for Hepatitis B, I will need to receive the first dose of the vaccine by the first day of clinical experience in the fall semester and follow the above schedule for the remaining doses. I further understand that if I do not receive the Hepatitis B vaccine according to this schedule and do not sign the “Hepatitis Vaccine Declination” form I will be dismissed from the EMS program.

[Signature] [Date]

Hepatitis B Vaccine Waiver
I have been informed of my risk of acquiring Hepatitis B due to my occupational exposure to blood or other potentially infectious materials. I understand that I may be at risk of acquiring hepatitis B virus (HBV) infection and have been instructed on the value of being vaccinated for this disease. However, I decline HBV vaccine at this time. I understand that by declining this vaccine, I will continue to be at risk of acquiring HBV, a serious and life-threatening illness. If in the future, I should decide to take the HBV vaccine, I will provide documentation at that time.

[Signature] [Date]