



## COLGATE UNIVERSITY

### HEPATITIS B VACCINE INFORMATION AND CONSENT FORM

Two brands of recombinant hepatitis B vaccine are available in the USA: Recombivax HB (Merck Sharp & Dohme) and Engerix-B (SmithKline Beecham). These are non-infectious subunit viral vaccines derived from hepatitis B surface antigen cloned into yeast cells. In addition to the yeast, the vaccines contain trace quantities of aluminum hydroxide, thiomersal (mercury derivative), and, in Engerix\_B, phosphate buffers. Hepatitis B vaccine appears to be safe for administration to adults, children, and infants. Administration to pregnant women or nursing women is likely safe but needs to be discussed by the woman with her physician. Hepatitis B vaccination consists of a series of three injections given in the arm. The second injection should be given one month after the first, and the third injection six months after the initial dose. More than 90% of those who receive the three injections will develop immunity to the hepatitis B virus. At this point it is unclear how long the immunity lasts, so booster shots may be required in the future. The vaccine causes no harm to those who are already immune or to those who may be HBV carriers. Individuals may opt to submit documentation of previous vaccine administration, or documentation of previous disease, or have blood testing to confirm immunity, rather than receiving the vaccine series.

Contraindications: Hypersensitivity (allergy) to yeast or other vaccine components.

Adverse Reactions: No serious adverse reactions have been reported in clinical trials. Up to 10% of vaccine recipients may have mild reactions such as:

- injection site soreness, redness, or swelling
- fever
- fatigue, headache

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have read or it has been explained to me information about hepatitis B and hepatitis B vaccine. I have had a chance to ask questions and they have been answered to my satisfaction. I believe I understand the benefits and risks of the hepatitis B vaccine and request that it be given to me or I shall submit documentation of previous immunity. I shall reaffirm my request to receive the vaccine, by signature, before each of the injections in the multi-dose series of vaccinations. There will be no charge to myself for the vaccinations or for blood testing to confirm previous immunity. If I am no longer an employee of Colgate University before the completion of the vaccination series, I may complete the series at my own cost, payable to Colgate University.

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

Print: Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.Initial \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Social Security: \_\_\_\_\_

Job Title: \_\_\_\_\_

Allergies: \_\_\_\_\_