

EMPLOYEE HEALTH

SEND TO EMPLOYEE HEALTH OFFICE, R-23, Suite 405, Dominion Tower

UNIVERSITY OF MIAMI HEPATITIS B VACCINATION CONSENT FORM

INSTRUCTIONS: Every employee covered by the OSHA Bloodborne Pathogens Standard must complete EITHER this form OR the Hepatitis B Vaccination Declination Form.

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 agree to be vaccinated with hepatitis B vaccine, at no charge to myself. I understand that I will receive the complete series of injections (normally three) required for full immunization to HBV.

I understand the nature of HBV infection which may cause death. Most people with HBV recover completely, but they may become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. HBV also appears to be a causative factor in the development of liver cancer.

I understand that there are contraindications to HBV vaccination which include, but are not limited to hypersensitivity to any component of the vaccine (where recombinant HBV vaccine is used, HYPERSENSITIVITY TO YEAST is a contraindication). Patients experiencing hypersensitivity after the Hepatitis B vaccine injection should NOT receive further injections of the vaccine.

I understand that additional information regarding the HBV vaccination will be provided to me by the healthcare provider at the time of vaccination.

Employee Name (**PRINT**)

Employee ID Number

Employee Signature

Date

Department

Department Phone Number

Witness

Date

EMPLOYEE HEALTH OFFICE (R-23), Dominion Tower, Suite 405. Office: (305) 243-3400. Fax: (305) 243-2393