

SPOKANE COMMUNITY COLLEGE **HEPATITIS B VACCINE TREATMENT OPTIONS**

Washington State law provides that you have both the right and the obligation to make decisions about your health care. The Hepatitis B (HBV) vaccination is not required for program entrance. However, it is highly recommended. Any health care worker may be at risk for HBV exposure, but the risks are often highest during the professional training period.

ALL STUDENTS ARE ENCOURAGED TO GET THIS VACCINATION.

HEPATITIS B VIRUS

Hepatitis B virus is a viral infection with a major effect on the liver.

Hepatitis B virus infection is transmitted through close personal contact with an infected individual. There may be six weeks to six months between exposure and onset of symptoms.

Transmission may occur between mother and baby, through sexual contact, sharing needles and syringes with an infected person, receipt of certain blood products, and hemodialysis. Occupational exposure may occur through percutaneous (needlestick, laceration or bite) or permucosal (ocular or mucous-membrane) exposure to blood.

WHO SHOULD GET HEPATITIS B VACCINE?

The vaccine is recommended for persons with occupational risk. Public safety workers who are exposed to blood or blood products or who may get accidental needlesticks are encouraged to be vaccinated.

Receiving the vaccine series requires a six month commitment. The first dose is given at your designation, the second a month later, and the third dose six months from the date of the first dose. All three must be received to complete the vaccination.

POSSIBLE SIDE EFFECTS FROM THE VACCINE:

The most common side effect is soreness at the site of injection. Illness: such as neurologic reaction, have been reported after receiving the vaccine, but the Hepatitis B vaccine is not believed to be the cause of these illnesses.

SPECIAL PRECAUTIONS:

Children, pregnant women, nursing mothers, and persons with severe heart or lung problems should not receive the vaccine unless they receive prior approval from their doctor.

**IF YOU HAVE A SEVERE REACTION, OR ONE LASTING MORE THAN 48 HOURS,
SEE A DOCTOR!**

(Continued on reverse)

PLEASE MARK THE APPROPRIATE BOX:

- I CHOOSE TO RECEIVE THE VACCINATION SERIES** to help protect me from infection by the Hepatitis B virus. I will provide SCC with documentation for each dose in the series.
- I CHOOSE NOT TO RECEIVE THE VACCINATION SERIES** that would help protect me from infection by the Hepatitis B virus. I understand that if I change my mind, I can start the series at any time in the future. I understand that I will potentially be at risk for acquiring Hepatitis B, a serious disease.
- I HAVE PREVIOUSLY RECEIVED THE VACCINATION SERIES.**
I will provide SCC with documentation for each dose in the series.

Completion of this form acknowledges your receipt of information needed to make an informed decision regarding treatment of Hepatitis B virus and its risks, and verifies your personal decision on protection against the virus.

Student Name (Please print)

Date

Student Signature