UNIVERSITY EMPLOYEE HEALTH CLINIC
(UEHC)
HEPATITIS B VACCINATION
CONSENT FORM

DATE
ID #
NAME
BIRTHDATE
SSN

IF NOT IMPRINTED, PLEASE PRINT DATE, ID#, NAME

Hepatitis B vaccine is a non-infectious vaccine derived from yeast cells that have been genetically engineered to produce the surface antigen of hepatitis B. The antigen is gleaned, purified, and sterilized prior to administration.

Based on data, most people have no harmful side effects. The major side effects are: soreness at site of injection, fatigue, some report local reaction at the injection site, mild fever, or headache and dizziness. Other reactions could include (but are not restricted to) transient nausea/diarrhea, paresthesias, "flu" like symptoms, chills, hypotension, or a rash.

After completion of the three-dose regimen, over 95%-98% of healthy adults develop antibodies that will protect against type B hepatitis. This vaccine protects against hepatitis B only and none of the other known or unknown types of hepatitis. However, as with all medical treatments, there is no guarantee of immunity to hepatitis B or freedom from vaccine side effects. The duration of protection and the need for booster doses have not yet been determined.

IF YOU HAVE A SEVERE REACTION, OR
ONE LASTINGMORE THAN 48 HOURS, SEE A DOCTOR.
IF YOU HAVE ANY QUESTIONS, PLEASE ASK NOW.

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(TO DECLINE VACCINATION COMPLETE OTHER FORM)

CONSENT TO RECEIVE VACCINATION

I have read the above information and have had an opportunity to ask questions. I understand the benefits and risks of hepatitis B vaccination as described. I request the vaccine be given to me.

(Department) (Social Security Number)

(Signature) (Date)

(Please print name)

(Mail to 1097-1 Boyd Tower)

THE UNIVERSITY OF IOWA
200 HAWKINS DR., IOWA CITY, IA 52242