

Yuba College Health Center

Hepatitis B Vaccine Consent

Important Information

Indications:

Hepatitis B Vaccine is indicated for immunization against all known subtypes of Hepatitis B infection. Vaccination is recommended for all students, especially those who are, or will be at increased risk of infection, due to exposure to blood or body fluids that may contain Hepatitis B virus.

Contraindications: (Do not take the vaccine if one or more of these conditions exist)

1. Hypersensitivity to yeast or any component of the vaccine.
2. Moderate to severe acute illness. Minor illnesses such as URI's are not a contraindication to vaccination.
3. Previous adverse reaction to prior dose of Hepatitis B vaccine or a vaccine component.
4. Yuba College will refer women who are pregnant to their regular source of health care for vaccination or written physician permission must be obtained and submitted to the health services nurse for immunization to be administered at Yuba College.
5. Persons who are immunocompromised or on hemodialysis will be referred to their regular source of health care for vaccination.

Adverse Reactions:

Soreness or pain, redness, itching, warmth and swelling at injection site, fever (mild to moderate), rash, headache, fatigue, irritability, vomiting, dizziness, and muscle aches.

I have read the above information and have had an opportunity to ask questions. I have read the fact sheet "Hepatitis B Vaccine What You Need To Know," publication date 7-11-2001, by the Centers for Disease Control. I understand the benefits and risks of the vaccine and I consent to vaccination with Hepatitis B Vaccine. I understand that I must complete the series of these three injections in order to obtain the full benefit of the vaccine. I agree to stay in Student Health for 20 minutes following my injection. I agree to hold Yuba College, Student Health Center and all of its employees harmless should an unforeseen or untoward event occur. IT IS MY INTENTION BY THIS INSTRUMENT TO EXEMPT AND RELIEVE YUBA COMMUNITY COLLEGE BOARD OF TRUSTEES, ITS INSTRUCTORS, AGENTS OR EMPLOYEES FROM LIABILITY FOR PERSONAL OR BODILY INJURY, OR WRONGFUL DEATH CAUSED FROM THE ADMINISTRATION OF THE HEPATITIS B VACCINE. I hereby CONSENT to receive this vaccine.

Student Name (Please Print)	Student Signature	Date #1	Date #2	Date #3
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Signature of parent or guardian (if student is under 18)

Student Social Security #	Signature of Witness	Date #1	Date #2	Date #3
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