

BARRY UNIVERSITY

College of Nursing and Health Sciences

CONSENT/REFUSAL OF HEPATITIS B VACCINATION

Introduction

In order to comply with the O.S.H.A. Blood-Borne Pathogen Standard, we are required to have documentation that you were offered the Hepatitis Vaccine and whether or not you actually received it. Many health care agencies that you will be affiliated with are requesting this information prior to the student(s) beginning their clinical practicum.

Facts

Hepatitis B is an important cause of morbidity. There is no specific treatment for this disease. In the clinical environment, Hepatitis B virus is transmitted primarily through exposure to blood and certain body fluids. Health care providers with exposure to blood and other body fluids are considered to be at risk for acquiring the Hepatitis B infection. The Hepatitis B vaccine, which is the single most preventative method, is indicated for immunization of persons at risk of infection from the Hepatitis B virus. Currently this immunization is not a requirement for health care personnel.

Procedure

Please complete the CONSENT/REFUSAL OF HEPATITIS B VACCINATION form. Keep a copy for your portfolio and return the original to the College of Health Sciences.

In the event you have any questions regarding Hepatitis B vaccination, please do not hesitate to talk with the faculty.

Read carefully and select one of the following:

_____ 1. I, the undersigned, hereby do not consent and therefore decline Hepatitis B Vaccination at this time. By refusing this immunization, my potential of developing Hepatitis Be is increased in the event of exposure to the disease. The most common potential effects of this disease may include loss of appetite, nausea, jaundice and lethargy. Additionally, although much less common, are the potential effects of the severe liver damage, gastrointestinal bleeding and permanent cirrhosis of the liver or death.

_____ 2. I, the undersigned, have already completed or I am presently participating in the Hepatitis B Vaccine program at: _____ and I will submit a record of this to the College of Health Sciences.

_____ 3. Antibody testing has revealed that I have immunity to Hepatitis B virus.

_____ 4. I, the undersigned, hereby consent and authorize Barry University to administer the Hepatitis B Vaccine and I will contact Campus Health Service (ext. 3750) for the vaccination dates and fee schedule.

Printed Name

Student ID #

Please check one of the following:

- _____ Traditional
- _____ Accelerated Option
- _____ RN-BSN
- _____ MSN
- _____ PhD
- _____ Adjunct

Signature

Date