

**CONSENT TO ADMINISTRATION OF RECOMBIVAX-HB HEPATITIS-B
(MERCCK, SHARPE & DOHME)**

1. I, _____, voluntarily authorize Sharp Rees-Stealy to write an order for and/or administer Recombivax-HB Hepatitis-B vaccine.
2. I hereby acknowledge that I have read and understand the following information about Hepatitis-B virus.
 - a. The purpose of being given the Hepatitis-B vaccine is to render me immune to the Hepatitis-B virus.
 - b. Three separate intramuscular injections are necessary to produce the desired immunity, and three doses are necessary in order for the vaccine to be effective. The first dose shall be given at an elected date, the second dose one month later, and the third dose six months after the first dose.
 - c. There is a strong likelihood that the vaccine will be successful in preventing the Hepatitis-B virus infection, but is not always successful in producing the desired results. Therefore, even after receiving the vaccine, there is a small possibility that I may become infected with the Hepatitis-B virus. Hepatitis-B has a long incubation period. I, therefore, understand that the vaccine will not prevent the disease if I am already infected with the Hepatitis-B virus.
 - d. There are no other known ways to immunize against the Hepatitis-B virus except for the Hepatitis-B vaccine. This vaccine is not effective against any other Hepatitis, such as A, and Non-A/Non-B.
 - e. The vaccine is generally well tolerated. No serious adverse reactions attributable to it have been reported. As with any vaccine, there is a possibility that the broad use of the vaccine could reveal rare adverse reactions not observed in clinical trials. The most common adverse reaction is an injection site inflammatory reaction.
 - f. The vaccine is contraindicated in patients who are hypersensitive to yeast or other components of the vaccine.
 - g. If I am suffering from a serious active infection, from a severely compromised cardiopulmonary state, from an immunosuppressed state, undergoing dialysis, or if a febrile or a systemic reaction could pose a health risk, I understand I must get a release from the treating physician before the vaccine is administered.
3. I voluntarily choose to receive the vaccine. I understand that receipt of the vaccine is not a condition of employment, and I am free to refuse the vaccine or accept it and it will in no way affect my job.

