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|  | Baltimore Washington Medical Center |  | St. Joseph Medical Center |
|  | Capital Regional Health | **X** | **UMMC – Downtown Campus** |
|  | Charles Regional Medical Center |  | UMMC - Midtown Campus |
|  | Rehabilitation and Orthopaedic Institute |  | Upper Chesapeake Medical Center |
|  | Shore Regional Health |  |  |

**Hepatitis B Information and Declination Form**

**Information:**

The University of Maryland Medical System is offering recombinant Hepatitis B vaccine to all at risk UMMS employees free of charge. Immunization against Hepatitis B can prevent acute Hepatitis B as well as reduce illness and death from chronic active Hepatitis, cirrhosis and liver cancer.

Hepatitis B is a viral infection caused by the Hepatitis B virus (HBV). One of the leading occupational hazards to healthcare workers is exposure to Hepatitis B. This risk comes from a significant exposure to blood and body fluids after a needle stick or mucous membrane exposure. The Hepatitis B vaccine is available to healthcare workers to prevent Hepatitis B infection. This is a genetically engineered vaccine and is free of any association with human blood or blood products. The vaccine consists of three intramuscular injections given over a six month period of time after which your blood is tested for immunity. Over 90% of those vaccinated will become immune to the disease and will be protected in the event of an exposure.

**Declination:**

I understand that I could acquire Hepatitis B Virus (HBV) infection due to my occupational risk of exposure to blood and other potentially infectious material. I have been given the opportunity to be vaccinated with Hepatitis B Vaccine, at no charge to myself. I decline **Hepatitis B** **vaccination** at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious blood disease. If in the future I continue to have the risk of occupational exposure to blood or other potentially infectious material and I want to be vaccinated, I can receive the Hepatitis B vaccine at no charge to me.

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|   | I have already received all three (3) doses of the Hepatitis B vaccine |
|  | I do NOT desire vaccination against Hepatitis B |
|  | I am not in patient care and I do NOT desire vaccination against Hepatitis B |
|  | I am willing to complete the vaccination series |

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| Signature | Printed Name |
| Department | Date |
| Employee ID Number | SSN for non-employee |

1/25/19