

**OLIVET NAZARENE UNIVERSITY
ATHLETIC TRAINING EDUCATION PROGRAM
HEPATITIS B INFORMED CONSENT**

GENERAL INFORMATION

Several hepatitis viruses are known to cause major infections with changes in the liver. Hepatitis B virus (HBV) has long been recognized as a pathogen that could cause serious illness (see attached CDC document). Because the virus is transmitted through blood and certain other body fluids, athletic trainers coming in contact with blood and other potentially infectious materials have a risk of contracting the Hepatitis virus. For your own protection and to reduce this risk, we ask that you obtain a vaccine for protection against this Hepatitis B virus. This vaccination is routine for persons enrolled in all allied health professional programs.

VACCINE INFORMATION

Energix-B [Hepatitis B (Recombinant)] is a noninfectious recombinant DNA hepatitis B vaccine. No substances of human origin are used in its manufacture. Energix-B will not prevent hepatitis caused by other viruses, such as Hepatitis A virus, non-A/non-B hepatitis viruses, or other pathogens known to infect the liver.

CONTRAINDICATIONS

Persons hypersensitive to yeast or any other component of the vaccine should not receive this Energix-B vaccine. Hepatitis B vaccination may not prevent hepatitis B infection in individuals who had an unrecognized hepatitis B infection at the time of vaccine administration. Additionally, it may not prevent infection in individuals who do not achieve protective antibody response. This series of injections should be delayed in persons with an illness or active infection. This series of injections should not be given to pregnant or nursing women.

ADVERSE REACTIONS

The most frequently reported adverse reactions were injection site soreness and general fatigue. Other incidence rates of less than one percent do occur. Persons experiencing hypersensitivity after an Energix-B injection should consult with their physician or notify your clinical instructor immediately.

INFORMED CONSENT I, _____ (Please print name), the undersigned athletic training student, have read and understand the: 1) Complications and possible side effects of the HB vaccine and 2) Complications and possible side effects from the exposure to blood borne pathogens.

Please check all that apply:

- I have completed the Hepatitis B vaccine.
- I have completed the Titer antibody test.
- The Hepatitis B vaccine series is incomplete. I started the series on _____ (date).
- I decline both the Hepatitis B vaccine and the Titer antibody test.

(Signature)

(Student identification number)

(Date)