

**MONTAUK FIRE DISTRICT
CONSENT TO HEPATITIS B VACCINE**

The Hepatitis B vaccine (Recombivax HB) is a synthetic vaccine derived genetically and produced in yeast cultures. Clinical studies have established that Recombivax HB provides about 90% protective antibodies to the Hepatitis B virus when given to healthy adults in the recommended three dose regime IM deltoid. Because of the long incubation period for Hepatitis B virus, it is possible for unrecognized infection to be present at the time the vaccination is given. Recombivax HB may not prevent Hepatitis B in such patients.

There are no known serious side effects. The actual incidence of side effects is very low. A few persons experienced tenderness and redness at the site of injection. Rash, nausea, joint pain and mild fatigue have also been reported. Contraindications: allergy to yeast products.

I, _____, have read and understand the statement about the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccinations. I understand that I must have all three (3) doses of the vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience adverse side effects from the vaccine. I request that the Hepatitis B vaccine be given to me.

I understand if the series of three (3) shots is not administered to the schedule set by the Fire District physician, it will become my responsibility to complete the series of inoculations at no cost to the Montauk Fire District.

Vaccine administered by: _____

Date of first dose: _____

Date of second dose: _____

Date of third dose: _____

Member's signature

Date

Witness signature (Physician)