# **APPENDIX B - HEPATITIS B VACCINATION SAMPLE CONSENT FORM**

**Data Protection Notice**

Please ensure that you have read and understood your Student Intake Form Data Protection Notice. The DCU Student Health Centre is collecting this information form you in order to provide the service for the vaccine. The information will be retained for the purpose of administration relating to this service. It will be retained as part of your medical record within the Student Health Centre.

**Vaccine Used:** Engerix, Yeast Based

**Precautions:**

Are you allergic to Yeast products? Yes\_\_\_\_\_\_\_\_\_/No\_\_\_\_\_\_\_\_\_\_

Have you had Hepatitis B previously? Yes\_\_\_\_\_\_\_\_\_/No\_\_\_\_\_\_\_\_\_\_

Have you had any adverse reactions to any previous medications or vaccinations? Yes\_\_\_/No\_\_

Are you in generally good health at this time? Yes\_\_\_\_\_\_\_\_\_/No\_\_\_\_\_\_\_\_\_\_

If no, list ailments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Temperature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BP: \_\_\_\_\_

i. **Females only (complete this section):** I, ……………………………………………………………

Consent to the Hepatitis B vaccine. I am aware that Hepatitis B is contraindicated in pregnancy. I declare that I am not pregnant at present and understand, that in order to complete the three-dose schedule of vaccine, that I should avoid pregnancy until one month after final dose, i.e., for the next 7 months. **LMP:** ……………………………

ii. **For the attention of both male and female students:** It should be noted that having completed the primary course (3 doses) of this vaccine, it is necessary for you to have a blood test, to check if you have acquired immunity. This should be carried out **two months** after completing the primary course of Hepatitis B. The student health centre takes no responsibility for those who fail to complete the full course of the Hepatitis B vaccination or their blood test to confirm immunity.

I declare that I have read the above paragraphs (i), (ii) and the information sheet and have had the opportunity to ask questions. I give informed consent to the primary course of the Hepatitis B Vaccine.

*"****I authorise the Student Health Centre to share the information on Hep B status with the School of Health and Human Performance at DCU****"*

**Signed: …………………………………………… Student ID: ………………………………………………..**

**Date: ………………………………………………**

# **Version Control**

|  |  |
| --- | --- |
| **Policy Name** | The Management of Inoculation (Sharps) Injury or Blood-Borne Pathogen Exposure Policy for DCU Undergraduate Students |
| **Unit Owner** | Faculty of Science & Health |
| **Version Reference** | Original - V1.0 |
| **Approved by** | Executive |
| **Effective Date** | 10th January 2023 |