

**SUBLIMITY FIRE DISTRICT**

**Operational Guide**

<b>SUBJECT:</b> Hepatitis and TB Forms	O.G. NUMBER:
<b>PURPOSE:</b> To provide forms for the hepatitis and TB programs	Original Date: 5/10/98
	<u>Revision Date:</u>

**See next page for forms**

**SUBLIMITY FIRE DISTRICT**  
**HEPATITIS B VACCINATION CONSENT/RELEASE FROM LIABILITY**

Member (print) \_\_\_\_\_  
Member DOB \_\_\_\_\_  
Soc.Sec.No. \_\_\_\_\_

I have received training concerning my potential occupational exposure to bloodborne pathogens including HEPATITIS B infection and concerning the HEPATITIS B vaccine. I have received and reviewed information explaining the illness and the vaccine and have had the opportunity to ask questions and confer with healthcare professionals about the benefits and risks of HEPATITIS B vaccination, it's safety, efficiency, precautions, and possible adverse reactions.

I understand that to be fully effective the vaccine will be administered in 3 timed doses (approximately 0 day, 30 day and 180 day). I understand also that there is no absolute guarantee that a vaccinated person will become immune. I acknowledge that bloodborne pathogen precautions are a necessary defense against accidental infection.

I hereby request the Hepatitis B vaccination series. I hereby release and agree to hold harmless the Company and the SUBLIMITY Clinic and their personnel for adverse or untoward results arising from my vaccination against Hepatitis B. I understand that a copy of this consent and certification will be given to me for my own records at the completion of the series but that the original record is the property of the Company and will become a part of its business records.

Member Signature \_\_\_\_\_ Personnel # \_\_\_\_\_  
Date \_\_\_\_\_

Dose \_\_\_\_\_  
Date Admin \_\_\_\_\_  
MFG and Lot # \_\_\_\_\_  
Site \_\_\_\_\_  
Hospital Staff Signature \_\_\_\_\_  
Dose 1. \_\_\_\_\_  
Dose 2. \_\_\_\_\_  
Dose 3. \_\_\_\_\_  
Titers Results (Attach form) \_\_\_\_\_  
ADD'L \_\_\_\_\_

# **SUBLIMITY FIRE DISTRICT**

## Hepatitis B Vaccine Titer Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me. I have also been given the opportunity for a post vaccination titer check. However, I decline a hepatitis B vaccination titer at this time. I understand that by declining this titer, I may continue to be at risk of acquiring hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to have my hepatitis B vaccination titer, I can receive the titer test at no charge to me.

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Employee Signature

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Date

# SUBLIMITY FIRE DISTRICT

## TUBERCULOSIS SCREENING PROGRAM TEST RECORD

A possibility of job-related exposure to respiratory infectious diseases (including Tuberculosis) exists and as a condition of employment periodic screening for Tuberculosis infection is conducted.

I authorize SUBLIMITY Fire District and its medical providers to administer tests and to maintain and release records of test interpretations and results as may be necessary for administrative and medical care purposes.

EMPLOYEE \_\_\_\_\_

SSN: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

Note: Reactivity to the Mantoux (PPD) test may be suppressed and inaccurate for as long as 5-6 weeks in individuals who have been recently vaccinated for certain viral illnesses (measles, influenza), who have had recent viral infections (measles, mumps, rubeola or others) or who are receiving corticosteroids or immunosuppressive drugs.

\* Highly sensitive persons may experience ulceration or vesiculation at the injection site.

Pain and discomfort are possible but not common.

\* Severe reactions should be reported to the clinic immediately.

\* Persons who have a history of TB or positive reaction will react strongly and should not be tested by this method.

### TEST RECORD

1) Intracutaneous injection \_\_\_\_\_

Site: R or L forearm 4" below bend of elbow

Date: \_\_\_\_\_ time: \_\_\_\_\_ hrs

Dose: 5TU/0.1 ml TPPD - Tubersol/Connaught

By: \_\_\_\_\_

2) Reaction Reading - 48 to 72 hrs after step 1 above

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ HRS POST

INJ: \_\_\_\_\_

3) Screening Interpretation (circle letter of correct category)

A. NEGATIVE - induration of less than 5 mm:

B. QUESTIONABLE - induration of 5 mm to 9 mm:

C. POSITIVE - induration of 10 mm or more:

D. SEVERE REACTION - pain, fever, swelling, or rash

see note below regarding follow-up interpretation for B,C,D.

4) Definitive Interpretation: POSITIVE / NEGATIVE

by \_\_\_\_\_ date: \_\_\_\_\_

Note: Severe reactions, positive screens and questionable results are to be seen at the clinic or at Stayton Hospital ER immediately for professional interpretation and appropriate follow-up diagnostic or palliative care.

