

EMPLOYEE CONSENT

Tuberculosis

Disclaimer: Agency utilizes tuberculosis screening test which is a method of identifying individuals who are at risk for developing a tuberculosis infection. In this way the agency can alert you to promptly seek medical evaluation and treatment from a private physician of your choosing; however, the TB Screening test is not and does not constitute a complete examination.

Informed Consent: I understand that the tuberculosis test is a method of screening and I give consent to receive this screening test. I certify that the tuberculosis screening test has been fully explained to me and that any questions I have about the screening have been answered to my satisfaction.

_____ **Employee Initials**

HIV/AIDS

Affidavit: I hereby attest that I have received educational information on HIV/AIDS in the work place in accordance with TDHS guidelines.

Acknowledgement: I have read the job description and fully understand all the requirements of this job. I will perform all duties and responsibilities. I understate that as a result of my employment, I may be exposed to the HIV and Hepatitis viruses and as a result, I agree to follow the **Universal Precautions Policies and Procedures** of this agency.

_____ **Employee Initials**

HEPATITIS "B" VACCINE ACCEPTANCE/DECLINATION

Hepatitis B vaccine promotes active immunity to Hepatitis B. This immunization against infection from all known subtypes of Hepatitis B: Primary pre-exposure prophylaxis against Hepatitis B; or post-exposure prophylaxis when given with Hepatitis B immune globulin.

ADVERSE REACTIONS: Slight fever, transient malaise, headache, dizziness, nausea, vomiting, flu-like symptoms and myalgia. Local discomfort at injection site, local inflammation.

NURSING CONSIDERATIONS: Hepatitis B vaccine has not been associated with an increased incidence of AIDS. Hepatitis B vaccine response is significantly better when administered in the arm rather than buttocks. Hepatitis B vaccine may be administered SC, but only to persons such as hemophiliacs who are at risk of hemorrhage. Although anaphylaxis has not been reported, epinephrine should always be available when administering this drug to counteract any possible reaction. The recommended dosage regimen provides immunity for at least 5 years. Vials should be thoroughly agitated before administration to restore suspension. Vial should be refrigerated and can be opened and unopened.

INDICATION & DOSAGE: Adults – **Initial Dose:** Give 20mcg (1-ml adult formulation) 1.m., **Second dose:** 30 days later – 20 mcg 1.m. **Third dose:** 6 months after the initial dose – 20mcg 1.m.

I have read and understand the above explanation of the Hepatitis B vaccine.

No, I do not want the vaccine.

Yes, I do want the vaccine series.

Employee: _____

Date: _____

At Will Employment

I understand that my employment with the agency is at will and may be terminated without notice by myself or my employer.

_____ **Employee Initials**

Agency Policies: I acknowledge that I have read, understand, and will comply with all applicable agency policies and guidelines.

Employee: _____

Date: _____