CRAFTON HILLS COLLEGE HEALTH & WELLNESS CENTER
11711 Sand Canyon Road, Yucaipa, CA 92399, (909) 389-3272

TWINRIX HEPATITIS A (Inactivated) & HEPATITIS B (Recombinant) CONSENT FORM

The immunization regimen for Twinrix is a series of intramuscular injections in the deltoid muscle of the arm. Information about Hepatitis A and /or Hepatitis B is available upon request.

By agreeing to receive the vaccine, I understand that:

1. There is a possibility that I may not develop sufficient antibodies to protect me from the development of hepatitis A or B. This will be determined by lab work, which I am responsible for myself.
2. I could experience side effects from the vaccine administrations, which includes, but are not limited to the following:
   a) Local reactions occurring rarely involving transient soreness, redness and swelling at the injection site.
   b) Systemic complaints (rarely) of headache, G.I. upset, fatigue, fever, and malaise.
   c) As with all vaccines, rare side effects or adverse reactions may develop which are unpredictable.

I understand that by agreeing to this immunization I am claiming the following to be true:

I am currently <u>not</u> pregnant, <u>do not</u> have any active infection or serious disease such as heart/lung disease or multiple sclerosis, <u>am not</u> allergic to mold or baker's yeast, <u>do not</u> have a significant bleeding disorder, such as hemophilia, or have not experienced an adverse reaction from any other previous vaccinations.

I understand that if during the four (4) weeks after receiving the vaccine, I should be sick and visit a doctor, clinic or hospital, I will report this to Crafton Hills College, Health & Wellness Center, (909) 389-3272.

I understand that I am responsible to return to Crafton Hills College, Health & Wellness Center on time for the next injections without further communication from the Health & Wellness Center.

I have read the above information regarding the efficacy and side effects of Twinrix vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the Twinrix vaccine, and consent to receiving the series of injections of Twinrix.

Additionally, signing this form is verification that I have received the notice of privacy practice for Crafton Hills College, Health and Wellness Center as required by HIPAA Federal Regulations, the vaccine information sheets (VIS) for Hepatitis A and Hepatitis B and the CAIR Immunization Registry Notice.

Please rate the degree to which you agree or disagree with the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree
The services provided by the Health & Wellness Center were beneficial to me.				
Being able to access the services provided by the Health & Wellness Center ON Campus provides me with the opportunity to devote more time to my class work.				
It would be a financial hardship for me to obtain the services provided by the Health & Wellness Center OFF Campus.				
If the services provided by the Health & Wellness Center were not available at CHC, I would be able to access the services somewhere else.				

_____ _____ _____ _____
Student's Name (Printed or typed clearly) Date of Birth Age Today's Date

_____ (____)_____
Student's Address City County State Zip Telephone

_____ (____)_____
Student's Signature Cell Phone

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Injection #		Date	Site	Dosage	Lot #/ Expiration	Given By
STANDARD 1	ACCELERATED 1					
2(1mo)	2(7d)					
3(6mo)	3(21-30d)					
	4(12mo)					

Pharmaceutical Manufacturer: Glaxosmithkline