

Patient name: \_\_\_\_\_

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mo.) (day) (yr.)

Identification number: \_\_\_\_\_

# Should You Be Vaccinated Against Hepatitis B?

## A screening questionnaire for adults



Hepatitis B is a serious liver disease caused by the hepatitis B virus (HBV). HBV is spread through contact with blood or certain body fluids of an infected person. If you get hepatitis B, you may or may not have symptoms. Symptoms can last several weeks and may include yellowing of the skin and eyes, nausea, fever, fatigue, belly pain, and dark urine. Sometimes HBV stays in your body for years and causes long-lasting illness (chronic HBV infection) that can lead to liver damage, liver cancer, and death.

The Centers for Disease Control and Prevention (CDC) recommends hepatitis B vaccine for all persons 0–18 years of age. They also recommend hepatitis B vaccination for all adults who are in risk groups for HBV infection, as well as for any adults who want to be protected from hepatitis B. You don't have to say that you are in one of the risk groups (listed below) to be vaccinated against hepatitis B.

Some people in risk groups should be tested for hepatitis B, depending on the person's particular situation. If you've been infected with HBV in the past and then get vaccinated, the vaccination will not hurt you, it just won't help. Talk to your healthcare provider.

## My answer:

Yes. I would like to be protected from hepatitis B. Please vaccinate me, or

I am in one of the following risk groups (I do not need to specify which one). Please vaccinate me.

- I am a healthcare or public safety worker who might be exposed to blood or body fluids.
- I am a household contact of someone who has long-term (chronic) HBV infection.
- I was or my parents were born in an area of the world where hepatitis B is common (Asia, Africa, the Amazon Basin in South America, the Pacific Islands, Eastern Europe, or the Middle East).
- I am planning to travel to one of the areas listed above.
- I am a sex partner of someone who has HBV infection.
- I have been diagnosed with a sexually transmitted disease.
- I am sexually active but am not in a long-term, mutually monogamous relationship.
- I am a man who has sex with men.
- I have HIV infection.
- I shoot street drugs.
- I am receiving long-term dialysis.
- I work or live in a facility for developmentally disabled persons.

I'm not sure. I would like more information about hepatitis B and hepatitis B vaccination.

No, thanks. I do not wish to be vaccinated against hepatitis B today.

[www.immunize.org/catg.d/p2191.pdf](http://www.immunize.org/catg.d/p2191.pdf) • Item #P2191 (6/08)