#### **Patient Advice Leaflet**

# **HEPATITIS B IMMUNISATION**

***FOR OCCUPATIONAL HEALTH PURPOSES***

**To the employer of:**

|  |  |  |  |
| --- | --- | --- | --- |
| Patient full name |  | Date of Birth |  |

The patient named above has requested immunisation against Hepatitis B because of a possible risk of infection at work.

Hepatitis B immunisation for occupational health is not provided free under the NHS but normally must be obtained by employers from an Occupational Health Provider. Although this practice is not an Occupational Health Provider we are prepared to administer a course of Hepatitis B immunisation to the patient above, as a private service, providing you certify below that you have complied with the appropriate Health and Safety requirements and the fee for this service has been pre-paid by you as the patient’s employer.

Under current Health and Safety legislation employers responsible for carrying out a full risk assessment where employees may encounter hazards at work. If such an assessment shows that the patient named above faces a significant hazard that cannot be avoided you will be aware that, as their employer, you are responsible for providing suitable protection, training and, where appropriate, Hepatitis B immunisation. These legal responsibilities include risk assessment, occupational protection, scheduled workplace monitoring, staff training, incident notification and risk awareness of other hazards (such as COSHH regulations). Should an employer fail to comply with these requirements they may be in breach of the law.

This practice does not have full information about the risks the patient above is exposed to at work and without the assessment described above, is not in a position to advise whether Hepatitis B immunisation is appropriate. By signing the certificate on the reverse of this form the employer is confirming their compliance with the legislation and they have undertaken a risk assessment that conforms the appropriateness of Hepatitis B immunisation. This confirmation will enable the practice to administer the course of Hepatitis B immunisations.

Hepatitis B immunisation requires your employee to attend for a course of three vaccinations. The initial vaccination, a second vaccination after one month and a third vaccination six months after the first. Two months after completing the course a blood test will be necessary if confirmation of immunity is required and further vaccinations may then be needed if immunity is inadequate. If your employee continues to work in an “at risk” environment a booster is advised after five years. If your employee misses one of these stages their immunisation may not be effective. If your employee has previously received a full course of Hepatitis B immunisations they may only require a blood test to establish whether they are still immune.

##### Employer Certificate

I have read this information leaflet and confirm that all the necessary actions have been taken to comply with current legislation before requesting Hepatitis B immunisation for the employee named above.

I agree to pay the private fees for the Hepatitis B immunisation requested.

These are £…… per immunisation and £…… for the blood test . Each fee is payable at the time of the appointment.

|  |  |  |  |
| --- | --- | --- | --- |
| Employer’s Signature |  | Date |  |
| Print name |  |  |  |
| Employer name and address |  |  |  |

##### Employee Consent

I confirm that my employer has provided me with training in the prevention of the spread of blood borne viruses, including Hepatitis B, and also informed me that a full risk assessment suggests that I should receive Hepatitis B immunisation. I have been informed of the possible side effects of immunization and I consent to receiving it,

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Print name |  |  |  |

##### For Office use

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date given | Fee due | Fee paid |
| 1st dose |  |  |  |
| 2nd dose |  |  |  |
| 3rd dose |  |  |  |
| Blood test |  |  |  |
| Result sent |  |  |  |