Patient name _____ Today's date ____/____/____
MONTH DAY YEAR

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). Hepatitis B virus is spread through contact with blood or certain body fluids of an infected person. Many people with hepatitis B have no symptoms, but can still spread the virus to others. When people have symptoms from hepatitis B, they may include yellowing of the skin and eyes, nausea, fever, fatigue, belly pain, and dark urine. Sometimes hepatitis B virus stays in your body for years (chronic hepatitis B virus infection) leading to liver damage, liver cancer, and death.

The Centers for Disease Control and Prevention (CDC) recommends everyone from birth up to age 60 years get hepatitis B vaccination. Children routinely get hepatitis B vaccine, but many adults have not been vaccinated. Half of hepatitis B cases in the U.S. are in people age 30–49 years, and cases among people age 40–59 years have been increasing. CDC also recommends hepatitis B vaccination for adults age 60 years and older who are in risk groups for hepatitis B virus infection. Any adult 60 or older who wants to be protected from hepatitis B may be vaccinated even if they do not have a specific risk factor.

If you have been diagnosed with hepatitis B infection, or if blood tests show that you have had hepatitis B infection in the past, you do not need to be vaccinated. Vaccination does not help or hurt people who have already been infected with hepatitis B virus.

You should be vaccinated if any of the following apply to you:

☐ **I am an adult younger than 60 and have never completed or don't know if I have completed a series of hepatitis B vaccinations (HepB).**

☐ **I am 60 years or older, have never completed a HepB series, and want to be protected from hepatitis B infection.**

☐ **I am 60 years or older, have never completed a HepB series, and have one or more of the following risk factors:**

- I am a sex partner of someone who has hepatitis B virus infection.
- I am sexually active but am not in a long-term, mutually monogamous relationship.
- I have been evaluated or treated for a sexually transmitted disease.
- I am a man who has sex with men.
- I use injection drugs.
- I am a household contact of someone who has chronic hepatitis B virus infection.
- I work or live in a facility for developmentally disabled persons.
- I am a healthcare or public safety worker who might be exposed to blood or blood-contaminated body fluids.
- I am currently receiving dialysis or may be receiving it in the future.
- I have human immunodeficiency virus (HIV) infection.
- I have diabetes.
- I am planning to travel in an area of the world where hepatitis B is common.
- I have hepatitis C infection.
- I have chronic liver disease.
- I am or was recently in prison.