

## Hepatitis B Vaccination Policy and Mechanism

Policy updated - January 2022

Hepatitis B vaccination preventive immunization policy for students, teachers and hospital staff adopted by MNR Medical College Sangareddy, Telangana is as follows.

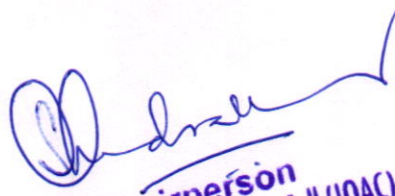
### Hepatitis B Vaccination Policy

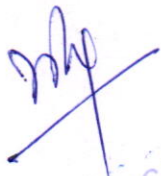
For Students:

1. Hepatitis B Vaccine will be offered free of cost to all students.
2. All students admitted in first year are recommended for Hepatitis B Vaccination.
3. Students and their Parent will sign consent form prior to vaccination.
4. Required infrastructure for HBV vaccination is available in MNR Hospital.
5. Students not previously vaccinated will be given three doses at 0, 1 and 6 month schedule.
6. Students who are previously vaccinated within last 3 years will be given booster dose of Hepatitis B vaccine.

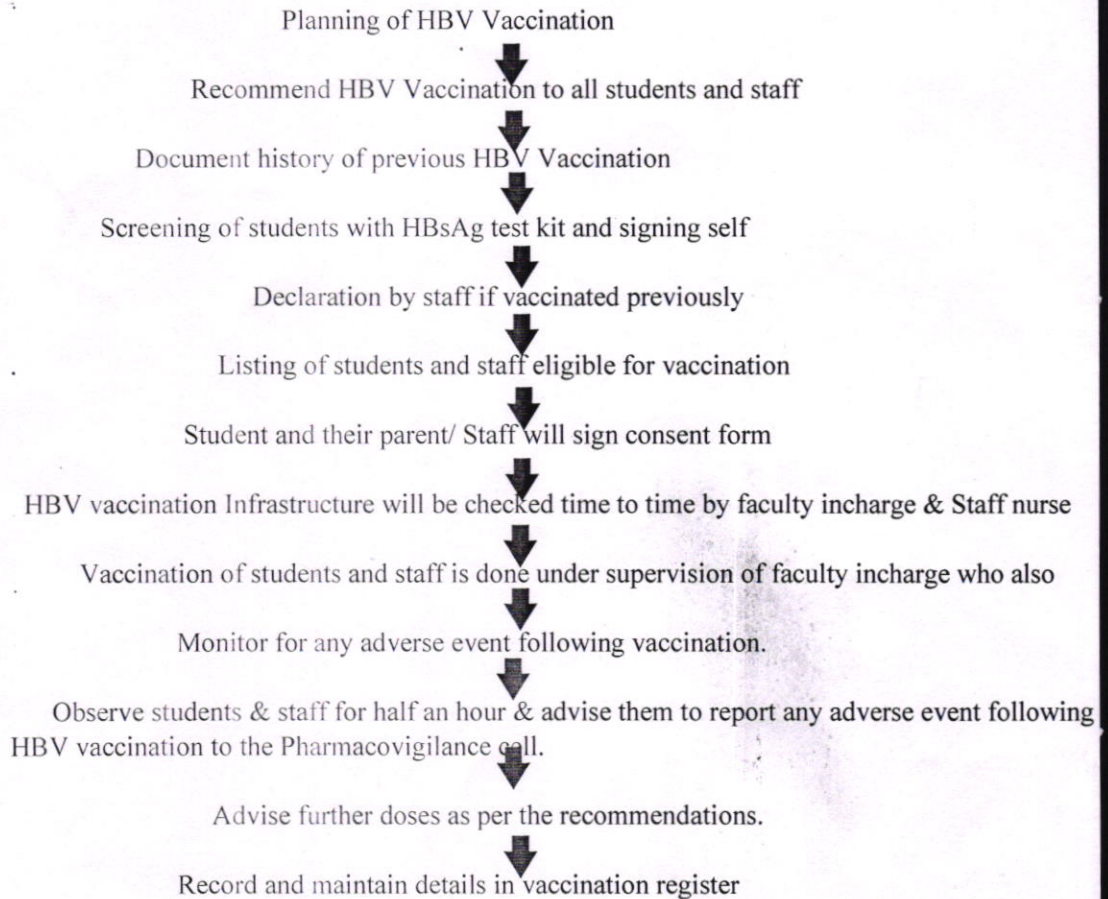
For Teaching and Non-teaching Staff:

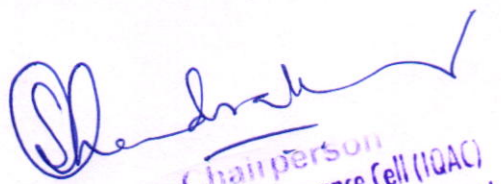
1. Hepatitis vaccine will be offered to all the teachers and hospital staff at concessional rate by the institute.
2. At the time of recruitment all staff must declare HBV vaccination status.
3. If staff is not vaccinated then he/she will be advised to get HBV vaccination at the time of joining the institute.
4. Required infrastructure for HBV vaccination is available in MNR Hospital.
5. Teachers and hospital staff who are not vaccinated for HBV will be given 3 doses at 0 day, 1month and 6 months schedule
6. Teachers and hospital staff who were previously vaccinated within last 3 years will be given HBV booster dose.


  
**Chairperson**  
Internal Quality Assurance Cell (IQAC)  
MNR Medical College & Hospital

  
**PRINCIPAL HOSPITAL**  
MNR MEDICAL COLLEGE & HOSPITAL  
FASALWADI, SANGAREDDY

**MECHANISM/PROCESS OF HEPATITIS B VACCINATION**



  
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Internal Quality Assurance Cell (IQAC)  
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PRINCIPAL  
MNR MEDICAL COLLEGE & HOSPITAL  
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**MNR MEDICAL COLLEGE AND HOSPITAL**  
**SANGAREEDY**  
**HBV VACCINE CONSENT FORM**

**Name of the Student/Staff :**  
**DOB:**  
**AGE:**  
**GENDER: M/ F/ TG**  
**Address:**

I request, consent and authorize MNR Medical College and Hospital to administer the Hepatitis B vaccine(s) to me or to my minor child or ward listed as student/staff on this Form.

**SCREENING QUESTIONNAIRE:**


1. Have you ever had any allergic or adverse reaction to any vaccination? If Yes, please list _____	Yes	No
2. Are you currently taking any medications? If Yes, please list _____	Yes	No
3. Have you ever had an allergic reaction to any medication(s)? If Yes, please list _____	Yes	No
4. Have you ever had an allergic reaction to any food? If Yes, please list _____	Yes	No
5. Do you have an allergy to latex?	Yes	No
6. Have you ever had any other allergies or allergic reactions, in addition to those described above? If Yes, please list _____	Yes	No
7. Have you been sick or had a fever of 101° F or higher in the past 48 hours?	Yes	No
8. Have you had a seizure or other neurological problems?	Yes	No
9. Do you have (or there is a risk that you have) cancer, leukemia, HIV, AIDS, or any other immune system problem?	Yes	No
10. Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments?	Yes	No
11. During the past twelve months, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	Yes	No
12. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?	Yes	No
13. Have you received any vaccinations in the past 4 weeks?	Yes	No

Signature of the Student/Staff :  
 Signature of the students parent:

DATE:

**Signature of In charge**

  
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