



STUDENT / INSTRUCTOR HEPATITIS B VACCINE DOCUMENTATION

I _____ understand that as a student/instructor in a health profession educational program, and due to my educational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection, a **serious disease**.

Please initial one statement that best explains your situation:

Statement 1:

_____ I have **begun** the vaccination series (three doses given over six months). I understand that because I have not completed the series and have not gotten the antibody screen, I continue to be at risk for acquiring HBV, a serious disease. Submit documented immunization record to your school. Enter dates of completed vaccinations thus far:

Date of vaccine #1 _____
Date of vaccine #2 _____
Date of vaccine #3 _____

Statement 2:

_____ I **have not** completed the Hepatitis B series of three (3) vaccinations:

_____ (Initial here) I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk for acquiring HBV infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine; however I decline Hepatitis B vaccination at this time.

_____ (Initial here) By declining this vaccine, I understand that I continue to be at risk of acquiring Hepatitis B virus (HBV) infection, a **serious disease**. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I will need to discuss this with my healthcare provider. If I am then vaccinated, I will need to supply that documentation to the school.

Statement 3:

_____ I **have been** vaccinated for Hepatitis B; please initial one of the following:

Initial one of the following if you have already received the Hepatitis B series of three (3) vaccinations:

_____ I have been screened for post vaccine antibodies and the results were positive / reactive.
Evidence of results must be attached.

_____ I have been screened for post vaccine antibodies and the results were negative/non-reactive. If the screen shows a negative result, I will consult with my provider for next steps.
Evidence of results must be attached.

_____ Although it has been recommended to have post-vaccine antibodies checked, I have chosen not to have this lab test done and I accept the risk of not knowing my immunity status in event of an exposure to blood and/or body fluids.

Date of vaccine #1 _____
Date of vaccine #2 _____
Date of vaccine #3 _____

By my signature below I acknowledge that I have been made aware of the measures to prevent HBV infection, and I will not hold my educational institution or any clinical agency accountable for acquired HBV infection.

Printed Name _____ Signature _____ Date _____

Student ID# _____

