



HEPATITIS B VACCINE DOCUMENTATION

I understand that as a student 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 the **ONE** statement below that explains your situation.

_____ 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.

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

_____ I have completed the vaccination series and **I decline** to complete the HBV titer. **A titer is a blood test which measures antibodies**. Contact your health care provider to schedule a lab appointment if needed. Submit documented immunization record to your school.

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

_____ I have completed the vaccination series **and** the HBV titer. My titer results indicated immunity to HBV. Submit documented immunization record to your school.

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

_____ I have completed the vaccination series; however, my HBV titer showed I am not immune. I understand that because I have not converted to HBV immunity, I may be at risk for acquiring Hepatitis B, a serious disease. I understand that it is recommended that I receive a booster vaccine of Hepatitis B because of my educational exposure to blood or other potentially infectious materials.

Date of Titer: _____ Submit documented immunization record to your school.

_____ I have repeated the vaccination series and/or a booster vaccine. Submit documented records to your school.

Date of vaccine #1: _____
Date of vaccine #2: _____
Date of vaccine #3: _____
Booster vaccine: _____
Date of titer: _____
Date of second titer: _____

_____ **I decline the Hepatitis B vaccination at this time**. I understand that by declining this vaccine, I continue to be at risk for acquiring Hepatitis B, a serious disease. If in the future I continue to have educational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can then be made aware of the various options available to me for the vaccination and documentation of immunity. I understand that I have the option to rescind this declination at any time if I wish to proceed with the vaccination series.

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#