To be competed if you have previously had Hepatitis B Vaccine

I have received the Hepatitis B vaccine on the dates listed below:

First Dose: ______________________________________

Second Dose: _____________________________________

Third Dose: _______________________________________

Boosters, if any: ___________________________________

Date of Hepatitis B antibody titer: _____________________

_____ Immune  _____ Not Immune

Signature ______________________________________ Date __________________________

Student’s Name (printed) ______________________________________________________

Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other physically infectious materials, I may be at risk of acquiring hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine. However, I decline hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

Signature ______________________________________ Date __________________________

Student’s Name (printed) ______________________________________________________

Notes
  • Vaccine will be available at the Student Health Center at Student’s expense. This form will be utilized in clinical courses to document student’s compliance with the vaccine required by some clinical placement agreements.