

REPEATING HEP B SERIES WAIVER

Used to Waive the Hepatitis B Titer Requirement for 8 Months

Student ID		Program	
Last Name	First Name	Middle Name	
Date of Birth	Student Email		

Initial

I understand that a quantitative lab report showing immunity for Hepatitis B is a requirement at HSC and that this waiver only exempts me from this requirement while I am repeating the Hepatitis B vaccination series (waiver lasts 8 months). The vaccination series is as follows and I must keep up to date with one of the following vaccination series:

Hepatitis B 3-Dose Series Timeline

Hepatitis B 2-Dose Series Timeline

1 st dose		1 st dose	
2 nd dose	1 month after 1 st dose	2 nd dose	1 month after 1 st dose
3 rd dose	5 months after 2 nd dose	New Titer	1-2 months after 2 nd dose

I am required to upload documentation of the repeated Hepatitis B series into Medicat.

If I have received the vaccination series twice and both times show no immunity via a lab report, then I need to submit the Hepatitis B Non-Responder form.

Failure to be compliant with the repeated series and HSC immunization requirements may result in a hold on my account blocking future enrollment at HSC.

Please read the following information carefully:

I understand that avoiding exposure to blood is the primary way to prevent transmission of blood-borne diseases such as Hepatitis B. Methods to minimize risk of such exposure comprise proper use of personal protective equipment (PPE), observance of aseptic technique, use of sterile, single-use, disposable needle and syringes, prompt and proper disposal of sharps via sharps containers, etc.

I understand that if exposed to blood or body fluid that is positive for hepatitis B surface antigen, or to blood or body fluids from a person whose HBsAg status is unknown (via needle stick, for example), that I should immediately seek medical care so that I may be treated with hepatitis B immune globulin (HBIG) post-exposure prophylaxis in order to minimize risk of disease.

Upload this form to Medicat along with documentation of your 1st vaccination of Hepatitis B.

Signature

Date