



uOttawa

Student Placement Risk Management

Hepatitis B Vaccine Non-Responder Self-Declaration

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|---|---|---|--|---|
| Program | | | | |
| Medicine <input type="checkbox"/> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Postgraduate Elective | Nursing <input type="checkbox"/> <input type="checkbox"/> Generic program (select campus): <input type="checkbox"/> Ottawa <input type="checkbox"/> Woodroffe <input type="checkbox"/> Pembroke <input type="checkbox"/> Bridging <input type="checkbox"/> 2nd Entry <input type="checkbox"/> Graduate MScN <input type="checkbox"/> Diploma in PHCNP | Rehabilitation <input type="checkbox"/> <input type="checkbox"/> Audiology <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Speech-Language Pathology | Education <input type="checkbox"/> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Master of Education in Counselling Psychology | Social Sciences <input type="checkbox"/> <input type="checkbox"/> Clinical Psychology <input type="checkbox"/> Social Work |
| | | Nutrition <input type="checkbox"/> | Sciences <input type="checkbox"/> <input type="checkbox"/> Ophthalmic Medical Technology | Human Kinetics <input type="checkbox"/> |

Last name: _____ **First name:** _____
Student number: _____ **Year of admission:** _____
Email: _____ **Telephone:** _____
Date of birth (yy/mm/dd): ____/____/____ Male Female Non-Binary

This section only applies to students who have provided documentation of receiving two complete hepatitis B immunization series, and post-immunization serology has not demonstrated immunity (i.e., anti-HBs remains less than 10 IU/L).

For a student in this category, it is important to ensure (1) that each immunization series was documented, all doses were provided, and that minimal spacing between doses were respected; and (2) that post-immunization serology was conducted between 28 days and six months after the final dose of the series to be considered reliable. For students in this category generally no further pre-exposure hepatitis B immunizations or serological testing are required.

My signature below indicates the following:

- I acknowledge that there is no laboratory evidence that I am immune to hepatitis B.
- I acknowledge that in the event of a possible exposure to hepatitis B (e.g., a percutaneous injury or mucosal splash), I may need passive immunization with hepatitis B immune globulin.

Signature: _____

Date (yy/mm/dd): ____/____/____

Please email this form to your corresponding Clinical Placement Risk Management Advisor at the University of Ottawa.