

HEPATITIS B VACCINE NON-RESPONDER SELF-DECLARATION

Last name:	First name:	
Date of birth (yyyy/mm/dd):	Telephone:	
Email:	Year of admission:	Student number:

Program	Nursing	Rehabilitation Sciences	Food and Nutrition Sciences	Human Kinetics
Program	<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"/> Second Entry <input type="checkbox"/> Graduate MScN <input type="checkbox"/> Diploma in PHCNP	<input type="checkbox"/> Audiology <input type="checkbox"/> Speech Language Pathology <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>

This section only applies to students who have provided documentation indicating that they have received two complete hepatitis B immunization series whose post-immunization serology does not demonstrate immunity (i.e., anti-HBs remains less than 10 IU/L).

If you're in this category, it is important to ensure that (1) each immunization series has been documented, all doses have been provided and minimal spacing between doses has been respected; and (2) post-immunization serology was conducted between 28 days and six months after the final dose of the series, for your declaration to be considered reliable. Generally, for students in this category, no further serological testing or pre-exposure hepatitis B immunizations 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 (yyyy/mm/dd):
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Email this form to your student placement and experiential learning requirements management adviser at the Faculty of Health Sciences.