

Hepatitis B Vaccine Non-Responder Self-Declaration

Program			
Medicine ☐ ☐ Undergraduate ☐ Undergraduate Elective ☐ Visiting Medical Student ☐ Canadian Studying Abroad ☐ International	Medicine □ □ Postgraduate □ Postgraduate Elective □ Enhancement Year Program	Pharmacy ☐ ☐ Undergraduate	
Last name:	First name:		
Student number:	Year of admission:	Year of admission:	
Email:	Telephone:		
Date of birth (yyyy/mm/dd):/			
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 (yyyy/mm/dd	i): / /	

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

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