

Student Placement Risk Management

Hepatitis B Second Immunization Series and Serology Follow-up

Program	
Last name:	First name:
Student number:	Year of admission:
Email:	Telephone:
Date of birth (yy/mm/dd)://	
Primary Documentation	
Initial vaccination series: ☐ None on file Dose 1: (yy-mm-dd)// Dose 2: (yy-mm-dd)	_// If applicable, Dose 3: (yy-mm-dd)//
Serology (blood work): Negative hepatitis B surface antibody result: Date (yy-mm-dd)//	
Negative hepatitis B surface antigen result: Date (yy-mm-dd)//	
FOLLOW-UP	
To be completed by the Health Care Provider	
If identified as non-immune (<than 10iu="" ag="" and="" hbs="" is="" l)="" negative<="" td=""></than>	
Please provide the following:	
Obtain and provide date of first booster vaccine (yy-mm-dd)/	
Provide date and result of Hep B surface antibody blood test (attach lab report). BLOOD TEST MUST BE DONE 30 DAYS AFTER FIRST BOOSTER VACCINE, NO EARLIER	
Anti-HBs: Date (yy-mm-dd)// Result:IU/ml If ≥than 10IU/L no further action If <than (2<sup="" 10iu="" l="" proceed="" second="" to="">nd) and third (3rd) booster vaccines</than>	
Obtain and provide date of second booster vaccine (yy-mm-dd)/	
Obtain and provide date of third booster vaccine (yy-mm-dd)// Must be done 5 months after the second booster vaccine	
Provide date and result of Hep B surface antibody <u>blood test</u> (attach lab report). BLOOD TEST MUST BE DONE <u>30 DAYS</u> AFTER COMPLETING SERIES, NO EARLIER Anti-HBs: Date (yy-mm-dd)/ Result:IU/ml If ≥than 10IU/L no further action If <than 10iu="" further="" l="" no="" td="" vaccination<=""></than>	
Attesting Signature of Health Care Professional (HCP)	
Name:	Stamp:
Signature:	
Title:	
Date (yy/mm/dd):/	

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