



uOttawa

Student Placement Risk Management

Hepatitis B Vaccine Non-Responder Self-Declaration

Program	
Last name: _____	First name: _____
Student number: _____	Year of admission: _____
Email: _____	Telephone: _____
Date of birth (yy/mm/dd): ____ / ____ / ____	
<p>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).</p> <p>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.</p> <p>My signature below indicates the following:</p> <ul style="list-style-type: none"> • 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. <p>Signature: _____</p> <p>Date (yy/mm/dd): ____ / ____ / ____</p>	

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