

Repeating Hep B Series Waiver

Used to Waive the Hepatitis B Titer

Student ID _____ Program _____

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Student Email _____

Initial

_____ I understand that a quantitative lab report showing immunity for Hepatitis B is a requirement at UNT Health and that this waiver only exempts me from this requirement while I am repeating the Hepatitis B vaccination series (waiver will be a 73-day time frame for Heplisav-B and a 165-day time frame for the traditional 3-dose series). The vaccination series is as follows and I must keep up to date with one of the following vaccination series:

Hepatitis B 3-Dose Series Timeline

1st Dose

2nd Dose – 1 month after 1st dose

3rd Dose – 5 months after 2nd dose

New Titer – 1-2 months after 3rd dose

Hepatitis B 2-Dose Series Timeline

1st Dose

2nd Dose – 1 month after 1st dose

New Titer – 1-2 months after 2nd dose

_____ I am required to upload documentation of the repeated Hepatitis B series into Medcat.

_____ If I have received the vaccination series twice and both times show no immunity via a lab report, then I need to submit the Hepatitis B Non-Responder form.

_____ Failure to be compliant with the repeated series and UNT Health immunization requirements may result in a hold on my account blocking future enrollment at UNT Health.

Please read the following information carefully:

I understand that avoiding exposure to blood is the primary way to prevent transmission of blood-borne diseases such as Hepatitis B. Methods to minimize risk of such exposure comprise proper use of personal protective equipment (PPE), observance of aseptic technique, use of sterile, single-use, disposable needle and syringes, prompt and proper disposal of sharps via sharps containers, etc.

I understand that if exposed to blood or body fluid that is positive for hepatitis B surface antigen, or to blood or body fluids from a person whose HBsAg status is unknown (via needle stick, for example), that I should immediately seek medical care so that I may be treated with hepatitis B immune globulin (HBIG) post-exposure prophylaxis in order to minimize risk of disease.

Upload this form to Medcat along with documentation of your 1st vaccination of Hepatitis B.

Signature _____ Date _____