

WAIVER – HEPATITIS B VACCINE / TITER



Name: _____

Date of Birth: _____

Student ID: _____

College Program: _____

The Hepatitis B vaccinations and/or quantitative blood test are not indicated for me due to the following reason:

- NONRESPONDER

I understand I am susceptible to HBV infection. _____
Patient Initials

I have attached a copy of my Hep B Core Antibody and Hep B Surface Antigen lab reports

- HEPATITIS B DIAGNOSIS

I am being followed for my condition by _____
Name of Provider

- Previous anaphylactic reaction to Hep B vaccine. (Documentation attached)

I understand I am susceptible to HBV infection. _____
Patient Initials

Patient Acknowledgement:

_____ I have been informed of the risks associated with my Hepatitis B status.
Initial

_____ I have been counseled regarding precautions to prevent HBV infection and the need to obtain
Initial HBIG prophylaxis for any known or probable parenteral exposure to HBsAg-positive blood (non-responders/non-vaccinated healthcare personnel).

_____ I have been counseled on the necessary precautions I need to take for the safe provision of
Initial healthcare.

Patient Signature

Date

Physician Signature

Date