



The
UNIVERSITY
of **VERMONT**

COLLEGE OF NURSING & HEALTH SCIENCES

Name _____
 Student ID# _____
 Date of Birth _____
 Program/Graduation Yr _____

THIS FORM IS TO BE COMPLETED BY YOUR LICENSED HEALTHCARE PROVIDER ONLY IF YOU HAVE A NEGATIVE OR INDETERMINATE HEPATITIS B TITER. COPIES OF MEDICAL RECORDS/LABS WILL NOT BE ACCEPTED.

HEPATITIS B BOOSTER AND HEPATITIS B SECOND SERIES FORM

Hepatitis B Booster AND 2nd Titer Required

Booster Date: _____ Initials: _____ Titer #2 (1-2 months after booster) Date: _____ Initials: _____
 (Dose #4)
 Circle result: *Positive Negative Indeterminate*

****IMPORTANT: If your booster titer result above is negative or indeterminate, you are required to repeat the full series of Hepatitis B doses and titer. Heplisav-B vaccine series is accepted. See below:**

Hepatitis B (Complete this only if titer above is negative or indeterminate)

Date	Initials	OR	Date	Initials
Twinrix (Hep A&B)				
Dose #5 date:	_____	Dose #5 date:	_____	_____
Dose #6 date:	_____	Dose #6 date:	_____	_____

Timeline for doses: Receive 1st dose, receive 2nd dose 1 month later, receive 3rd dose 4 months from 1st dose; Receive titer 1 to 2 months after 3rd dose.

Healthcare provider: If Heplisav-B is used, please note on Dose 4 and 5.

AND

3RD TITER

Date and result of lab titer: _____
 Hep B Surface Ab date: _____
Circle result: positive negative indeterminate
 Health Care Provider Initials: _____

Licensed Health Care Provider Attestation

By signing below, I affirm that I am a licensed health care provider. I am aware that leaving any required fields blank will result in the student being **unable to progress in his/her major** at the University of Vermont.

Signature of Licensed Health Care Provider _____	Credentials _____	Date _____
Clinic Stamp or Printed Name of Provider _____	Provider Telephone Number _____	

The information included on this form maybe released to the infection control officer and clinical education coordinators at sites where you perform your clinical education experience.