**Hepatitis B Second Series**

_This form is to be completed only if you have a negative or indeterminate hepatitis B titer._

Everything MUST be entirely filled out by your licensed health care provider on this UVM-provided form ONLY.

It is your responsibility to review your form for completeness.

**Copies of medical records/labs will not be accepted.**

---

<table>
<thead>
<tr>
<th>Hepatitis B</th>
<th>OR</th>
<th>Date</th>
<th>Initials</th>
<th>Twinrix (Hep A&amp;B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date #4 date:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date #5 date:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date #6 date:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date and results of lab titer

Hep B Surface Ab date: ____________

Circle result: pos  neg  indeterminate

Health Care Provider Initials: ________

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.

---

**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

---

**It is mandatory that you scan and upload this form to CastleBranch**

Please note, UVM Student Health will not submit your paperwork for you. You will need to pick up your form and submit it to CastleBranch.

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