



Hepatitis B Vaccine Statement

(Respiratory Therapy)

Hepatitis B is a serious viral infection affecting the liver. Healthcare workers have a risk of contracting the disease through exposure to blood and body fluids. The Center for Disease Control and OSHA strongly recommends that healthcare workers be immunized against contracting Hepatitis B by receiving a series of three immunizations.

Students are not required to receive the Hepatitis B immunizations but some health care facilities do want to know if students using the facility for clinical learning experiences have had the immunizations. The cost of the immunizations is the responsibility of the student.

Please complete the appropriate section of this form and submit it to the appropriate Program.

_____ I have received the series of three Hepatitis B vaccinations:

1 st dose:	Date _____	Given by _____
2 nd dose:	Date _____	Given by _____
3 rd dose:	Date _____	Given by _____

If you cannot provide these dates, you will need a titre:

Titre:	Date _____	Given by _____
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Student Signature _____ Date _____

_____ I am in the process of acquiring the Hepatitis B vaccine as listed and will notify the Director as the series is completed:

1 st dose:	Date _____	Given by _____
2 nd dose:	Date _____	Given by _____
3 rd dose:	Date _____	Given by _____

Student Signature _____ Date _____

_____ I am fully aware of the risks of exposure to the Hepatitis B virus in the clinical environment. I have chosen **NOT** to receive the series of Hepatitis B vaccines.

Student Signature _____ Date _____

Revised: June 24, 2024