I do not have adequate post-vaccination hepatitis B antibodies detected and acknowledge that:

A. I have read and understand the information in relation to hepatitis B in the NSW Health Hepatitis B Information Sheet and the Guidelines on Hepatitis B Immunisation;

B. I am aware of my risk of hepatitis B infection and understand that I should discuss risks and prevention with a GP or Infectious Disease Specialist prior to my placement;

C. I am aware of the recommended management in the event of a potential exposure to hepatitis B, including the recommendations for administration of hepatitis B immunoglobulin (HBIG);

D. I understand that if I undertake exposure prone procedures throughout the course of my study that I have a responsibility to have regular hepatitis B screening at least annually and after any blood or body fluid exposure.

Signature: ____________________________

Date: ____________________________

Submit a copy of the completed form to the School placement staff member, Griffith University, who will sight the original.

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