



NON-RESPONDER TO HEPATITIS B VACCINE ACKNOWLEDGEMENT

STUDENT DETAILS

STUDENT NAME
First Name:
Surname:

STUDENT DATE OF BRITH
DD / MM / YYYY

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 Queensland and New South Wales Health Hepatitis B Fact Sheet and the Infection Control Procedure Policy.
- 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 copy of the completed form to the Fit for Placement Office, Griffith University.

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