



Queensland University of Technology
Faculty of Health

Hepatitis B Vaccine – Immunity Status Unknown or Non-immune

I have received vaccinations for hepatitis B; however, I do not know my immunity status / I do not have adequate post-vaccination hepatitis B antibodies detected. I acknowledge that:

- I have read and understand the Queensland University of Technology, Faculty of Health Immunisation Policy related to vaccine preventable communicable diseases (http://cms.qut.edu.au/data/assets/pdf_file/0003/25923/Vaccination.pdf) and the Queensland Health Fact Sheet on Hepatitis B (http://access.health.qld.gov.au/hid/InfectionsandParasites/SexuallyTransmittedDiseases/hepatitisBSexualHealthContacts_fs.asp);
- I have also discussed the risks of hepatitis B infection with a medical practitioner or infectious disease specialist and I am aware of and understand the required precautions;
- I am aware of the recommended management of a potential exposure to hepatitis B, including the recommendations for the administration of hepatitis B immunoglobulin (HBIG);
- I understand that I should not perform exposure prone procedures; however, if there are no other alternatives (such as another vaccinated student) I have a responsibility to have regular hepatitis B screening at least annually and after any blood or body fluid exposure.
- I have a responsibility to contact the relevant Infectious Control Officer or manager of the facility to discuss required adjustments for my placement/s.

Student Name _____ Student ID _____

Student Signature _____ Date / /

Course Code and Name _____

Medical Practitioner's Name: _____ Qualification: _____

Signature: _____ Date / /

Medical Provider No/ACIR Registration No. _____

Office Use Only:

I acknowledge that the student, after seeking medical advice, has chosen to accept the risks and responsibilities associated with going on placement without knowing their immunity status.

Head of School Signature _____ Date / /