



Dental Hygiene

Name: _____

CTC Link ID: _____

Date: _____

Return this form to: _____

gomalley2@shoreline.edu

Due Date: _____

Hepatitis B Status Report

All dental care professionals who come into contact with patient's blood or saliva should be protected with the Hepatitis B Vaccine which provides immunity to this disease. It is important that serological evidence of immunity to the hepatitis B virus (HBS-antibody) be established and on record.

Date of 1st injection: _____

Date of 2nd injection: _____

(30 days after 1st)

Date of 3rd injection: _____

(5 mos. after 2nd)

Those who receive the vaccine should be serologically tested 1 - 2 months after the third injection to determine if they have developed immunity. If immunity is not verified, personnel should be serologically evaluated to determine past exposure to hepatitis B and/or the possible need for additional hepatitis immunizations. This is not required but recommended.

Date of Serological Test: _____

(1-2 mos. after 3rd injection)

☐

Immunity established. (HBS antibody positive). Lab test result required

☐

Immunity NOT established.

Suggested follow up: _____

Hepatitis B Virus (HBV) Information

Demonstrate one of the following:

1. Evidence that the series of vaccinations is in progress. Subsequent proof of immunity will be required when the series is completed or
2. Proof of immunity (HBS antibody positive) or
3. Request for exemption (signature and witness signature required)

Immunization is required for all students entering the Dental Hygiene Program. In order to be adequately protected, three doses of the vaccine must be administered. The second and third shots follow the first at 1 month and 6 month intervals. ***Antibody testing 1 to 2 months following the completion of the series is highly recommended to demonstrate evidence of immunity***

HBV infection represents a major occupational hazard for health care workers. The risk of acquiring the infection relates to the frequency of percutaneous and per mucosal exposures to blood and blood products. When the tasks performed involve exposure to blood or blood contaminated body fluids on at least a monthly basis the risk increases. It is believed that the risk may be highest during the professional training period. The Occupational Safety and Health Administration (OSHA) require that employees be protected from this type of exposure. Hepatitis B vaccine provides this protection.

REQUEST FOR EXEMPTION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. **However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I will be at risk of acquiring hepatitis B, a serious disease.**

Signature: _____ Date: _____