

TO: Medical Laboratory Science Student/Health Care Provider
FROM: Sylvia Countway, MLS Program Director
SUBJECT: Current Hepatitis Status

Please complete the following information and return to the Department of Medical Laboratory Science.

Student's Name: _____

DATE

Hepatitis B. Recombivax 1st dose _____

Hepatitis B. Recombivax 2nd dose _____

Hepatitis B. Recombivax 3rd dose _____
(6 months after 1st dose)

Titer: Pos. _____ Neg. _____
(Six weeks after third dose)

Signature (Healthcare Provider): _____

In order to comply with New Hampshire law, sign the attached form releasing Health Services from liability **if you do not wish to receive the vaccine.**

UNIVERSITY OF NEW HAMPSHIRE
DEPARTMENT OF MEDICAL LABORATORY SCIENCE

I, _____ agree/refuse (circle one) to receive the Hepatitis B Recombivax and absolve the Health Services from any liability regarding the outcome of my decision.

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. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at cost by the UNH Student Health Service. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future while employed or enrolled at UNH, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at the UNH Student Health Services.

Student Signature: _____

Date: _____