

Florida Gulf Coast University
Department of Physical Therapy and Human Performance

HEPATITIS B IMMUNIZATION WAIVER

Hepatitis B virus infection is principally transmitted by contact with blood, blood products, and body fluids (saliva, tears, breast milk, etc.) of the infected person. Exposure to infectious blood, blood products, or body fluids by cuts, needle sticks, or abrasions that may result in introduction of the infectious blood or body fluid into the skin or mucous membrane potentially result in contracting the Hepatitis B virus. Health care workers who are exposed to any of the above are among the highest at risk for contracting Hepatitis B virus.

Among the people at highest risk of contracting hepatitis B infection are health care workers who are exposed to the infectious blood, blood products, or body fluids by cuts, needle sticks, or abrasions that may result in introduction of the infectious blood or body fluid into the skin or mucous membrane. If you have additional questions or concerns regarding these risks, please contact your personal health care physician and/or nurse practitioner.

Hepatitis B infection manifests itself in symptoms of jaundice, skin rash, headache, arthritis, fatigue, loss of appetite, and abdominal pain. The disease is fatal for 1% of the persons who contract it, and between 5% and 10% of the victims become chronic carriers who may later be predisposed to liver cancer or chronic liver impairment.

Hepatitis B Virus vaccine has been developed to prevent this infection. For immunization protection, three 1.0 ml intramuscular injections of the vaccine are administered at 0, 1, and 6 months. High titers of antibodies are produced in 95% of normal adult recipients. The duration of protection and need for booster doses has not yet been determined. Testing for immunity after vaccination is not routinely recommended unless you are in a health care profession or a profession at high risk of exposure to the disease.

As a student in the Department of Physical Therapy and Human Performance at Florida Gulf Coast University, you are required to provide proof of hepatitis immunization or sign a waiver. The Department of Physical Therapy and Human Performance encourages you to complete the Hepatitis B immunization series for your protection. If you elect to waive the Hepatitis B immunization series, sign below and return this form to the Department of Physical Therapy.

I understand that due to my occupational/educational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given sufficient time to complete the hepatitis vaccination schedule, however, I decline hepatitis B vaccination at this time. I understand by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. I also am aware that by declining this vaccine, I may not be able to enter into a clinical affiliation with certain health care facilities which require the vaccine.

Date

Student Signature

Date

Student Advisor Signature/Witness