NAME _______________________________ Date ____________________

IPFW ID# _______________________________

PROGRAM:  ____Dental Assisting     ____Dental Hygiene     ____Dental Laboratory Technology

Directions: Use either Section A or Section B and complete the bottom portion of the page.

Section A: HEPATITIS IMMUNIZATION RECORD

HepB Vaccination Dates:  

1. ________________ (initial) 

2. ________________ (1 mo. later) 

3. ________________ (5 mo. later) 

Hepatitis B Surface Antibody Anti-HBs Titer Results: (test 1-2 mo. later)

Titer Date ________________

Results ________________

*attach copy of results and submit to Neff Hall, suite 150

Section B: HEPATITIS B VACCINATION DECLINATION

I understand that due to my chance of occupational exposure to blood or other potential infectious materials I may be at risk of acquiring Hepatitis B infection. At this time I choose not to receive the Hepatitis B vaccine.

Reason: _______________________________________________________________________

Therefore, Indiana University-Purdue University Fort Wayne, the Department of Dental Education, or its allied dental programs will not be responsible if I should acquire Hepatitis B.

Signed ________________________________________________________________________  Date ________________