Hepatitis B Second Immunization Series and Serology Follow-up

### Program

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### Primary Documentation

#### Initial vaccination series:
- □ None on file
- Dose 1: (yy-mm-dd)__/__/__  Dose 2: (yy-mm-dd)__/__/__  If applicable, Dose 3: (yy-mm-dd)__/__/__

#### Serology (blood work):
- Negative hepatitis B surface antibody result: Date (yy-mm-dd)__/__/__
- Negative hepatitis B surface antigen result: Date (yy-mm-dd)__/__/__

### FOLLOW-UP

To be completed by the Health Care Provider

If identified as non-immune (<than 10IU/L) and HBs Ag is negative

Please provide the following:

- Obtain and provide date of first booster vaccine (yy-mm-dd)__/__/__

Provide date and result of Hep B surface antibody blood test (attach lab report).

**BLOOD TEST MUST BE DONE 30 DAYS AFTER FIRST BOOSTER VACCINE, NO EARLIER**

- Anti-HBs: Date (yy-mm-dd)__/__/__  Result:______IU/ml  If ≥than 10IU/L no further action
- If <than 10IU/L proceed to second (2nd) and third (3rd) booster vaccines

Obtain and provide date of second booster vaccine (yy-mm-dd)__/__/__

Must be done **1 month (minimum of 28 DAYS)** from the first booster

Obtain and provide date of third booster vaccine (yy-mm-dd)__/__/__

Must be done **5 months** after the second booster vaccine

Provide date and result of Hep B surface antibody blood test (attach lab report).

**BLOOD TEST MUST BE DONE 30 DAYS AFTER COMPLETING SERIES, NO EARLIER**

- Anti-HBs: Date (yy-mm-dd)__/__/__  Result:______IU/ml  If ≥than 10IU/L no further action
- If <than 10IU/L no further vaccination
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Please email this form to your corresponding Clinical Placement Risk Management Advisor at the University of Ottawa.