

UNIVERSITY OF CALIFORNIA, DAVIS MEDICAL CENTER

STUDENT EXTERNSHIP

HEPATITIS B VACCINE AGREEMENT

I understand that it is the policy of the University of California, Davis Medical Center that individuals who have a potential exposure to blood, body fluids and human tissue are immune to Hepatitis B. This immunity is demonstrated by the series of three injections with a follow up blood titer with a positive result, or a documented positive blood titer.

I understand that I have a negative titer and therefore not immune to Hepatitis B.

As a condition to be accepted into the training for which I am applying at UCDMC I agree to the following:

1. I will consult with my Primary Care Physician (PCP) to start or complete the Hep B vaccination series and follow up titer.
2. I will complete the vaccination process in the recommended intervals for the vaccine.
3. I will provide documentation to UCDMC Training and Development of the vaccination process.
4. If I fail to complete the vaccination process at the manufacturers' recommended intervals I may be asked to leave UCDMC.
5. I understand that this vaccination series is at my own cost through my own PCP or clinic of my choice.
6. Until such time that I can demonstrate immunity to Hepatitis B, I will notify UCDMC if I have an unprotected exposure to any blood, body fluids or human tissue to non-intact skin. I understand that prophylactic treatment may be required if I have any unprotected exposure to a Hepatitis B source and will seek such care from my PCP or clinic of choice.

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Student SIGNATURE/DATE

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PRINTED NAME

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UCDHS Department Supervisor SIGNATURE/DATE