

Montana State University College of Nursing  
**Policy A-32, Attachment #1**  
Hepatitis B (HBV) Seroimmunity Status/ Documentation

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STUDENT'S NAME

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PERMANENT PHONE #

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PERMANENT ADDRESS

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CITY

ST

ZIP

PLEASE INITIAL THE CORRECT STATUS OF YOUR HBV TO DATE:

1) \_\_\_\_\_ I have completed the required HBV vaccination series/final titer (according to Montana State University College of Nursing Policy A-32). Attached is documentation of my seroimmunity status. (*Skip to the bottom to sign and date*).

2) \_\_\_\_\_ I have not started the required HBV vaccination series / final titer (according to Montana State University College of Nursing Policy A-32) for the following reasons: [NOTE: If for health reasons, documentation from primary care provider must be attached].

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Initial and complete #4)*

3) \_\_\_\_\_ I have not completed the HBV vaccination series / final titer (according to Montana State University College of Nursing Policy A-32) for the following reasons: [NOTE: If for health reasons, documentation from primary care provider must be attached].

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Initial and complete #4)*

4) \_\_\_\_\_ I have made the following plan to begin / complete the required HBV vaccination series / final titer to determine sero-conversion:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Initial and complete #5)*

5) \_\_\_\_\_ I understand that since I have not started/completed the required HBV vaccination series/final titer (according to Montana State University College of Nursing Policy A-32) and am unable to provide documentation of seroimmunity at this time, I am at increased risk if exposed to the Hepatitis B virus I HEREBY AGREE TO PERSONALLY ASSUME THE RISKS INVOLVED AND HEREBY RELEASE THE COLLEGE OF NURSING, MONTANA STATE UNIVERSITY, ITS EMPLOYEES AND AGENTS, AND ANY AGENCY IN WHICH I HAVE CLINICAL EXPERIENCE OF ANY LIABILITY SHOULD I BECOME INFECTED.

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Student Signature

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Date

*July 2004*