UNIVERSITY OF WEST FLORIDA B.S.N. PROGRAM APPLICATION

Hepatitis B Immunization Form

This Form Is Required With Nursing Application

Additional immunizations will be required of those who are admitted into the nursing program.

Name: _____ DOB _____ UWF Student ID # _____

Mailing Address	City/State	Zip
Both t	he Hepatitis B series and titer results ar	e required.
Required Immunization/Titer	Immunization Date(s) / Titer Results (WAIVERS/EXEMPTIONS CANNOT BE USED)	
Hepatitis B (Series of 3) Entire process takes 6 months; the (series must be in progress in order to be able to submit your	1)2)	3)
ipplication). If not completed at ime of application, continue the mmunization series. Both the Hepatitis B series and iter results are required, if accepted into the program.	If, Required, repeated series date 1)	3)
Hepatitis B Titer/Results Results may take several weeks. You must wait at least one month after your 3 rd immunization before the titer can be drawn.	Date of titer Results provide UWF Nursing the lab report. If, Required, repeat date and results	The student must
**** If the student does not convert after the second series, we will refer to and follow the Healthcare provider for recommendations.	Date of titer Results provide UWF Nursing the lab report. **** Recommendations:	The student must
Nursing students will need to ealthcare Providers:	provide proof of immunizations and a copy tit	ter results.
ate: Provider I	Name:	Physician PA ARNP RN
gnature.	License No./State	

options:

Option 1: If the series was completed more than 1 year ago, they can get a Hepatitis B booster, and 30 days later have a new titer drawn; if the results of the titer are positive they are complete. If the titer is negative they must repeat the entire 3 part immunization series, wait the 30 days for a new titer to be drawn.

Option 2: If the series was completed in the past year, repeat the entire 3 part immunization series, wait 30 days for a new titer to be drawn. If result is negative see a provider for Hep B infection serology.