



# STANFORD UNIVERSITY

## ENVIRONMENTAL HEALTH & SAFETY

TO: Personal Care Physician  
 FROM: Lawrence Gibbs, Associate Vice Provost for Environmental Health and Safety  
 SUBJECT: Hepatitis B Vaccination Status for Minors Working with Human Blood or Other Potentially Infectious Materials

Minors, defined as persons under 18 years of age, who participate in Stanford University sponsored activities that involve potential exposure to human blood or other potentially infectious materials are required to be counseled on the potential risks and offered the Hepatitis B vaccination series by their personal care physician before beginning these activities at Stanford University. While Stanford University strongly encourages personnel working with these materials to be vaccinated, accepting the vaccination is not a requirement for participation in these activities. In either case, the minor is required to submit a completed Hepatitis B Vaccine Status Form to appropriate Stanford authorities (see below) before starting any related work or participation in research.

### Hepatitis B Vaccine

A safe and effective vaccine is available for protection from Hepatitis B. Immunization requires three injections over a six-month period. Post-vaccination serological testing can be done to ensure that protective antibodies to Hepatitis B have developed. For more information, see *Occupational Exposure to Hepatitis B Virus* (at <http://biosafety.stanford.edu>) or contact the Stanford University Occupational Health Center at 650-725-5308.

### Hepatitis B Vaccine Documentation

The minor's personal care physician must complete the Hepatitis B Vaccine Status Form below before the minor may begin activities that involve potential exposure to human blood or other potentially infectious materials. **This form is to be kept on file with the Principal Investigator or the Principal Investigator's home department.**

<b>Hepatitis B Vaccine Status Form</b>		
<i>(To be completed by minor's personal care physician)</i>		
<input type="checkbox"/> I have provided my patient _____ with the opportunity		
(Patient's Name)		
to be vaccinated with the Hepatitis B vaccine.		
The patient has:		
<input type="checkbox"/> Completed the vaccine series		
<input type="checkbox"/> Received _____ injection(s) in the vaccine series		
<input type="checkbox"/> Declined the vaccine		
_____	_____	_____
Physician's Signature	Physician's Name (print)	Date
_____	_____	_____
Address	Phone	