

1601 Maple Street Carrollton, GA 30118 Telephone: 678-839-6552 Fax: 678-839-2462

Hepatitis B Non-Responder Form

of the three dose Hepatitis	B vaccination series	not build up an adequate immune Approximately 5 to 15% of people mportant for healthcare workers w	
	re non-responder sta	accination series and two follow-up itus. Once declared as a non-respo ations or titers.	
If you are a non-responder complete the fields below.	to the Hepatitis B va	ccinations, please visit your health	care provider to have them
To be completed by a healt	hcare provider:		
1 st Vaccination Series:	Date:	Date:	Date:
1 st Titer Result:	Date:	Numerical Result:	Interpretation of Results: Positive Negative
2 nd Vaccination Series:	Date:	Date:	Date:
1 st Titer Result:	Date:	Numerical Result:	Interpretation of Results: Positive Negative
	~	st that the above named student is e healthcare provider to make that	•
Student Signature			Date
Healthcare Provider Signature			Date
Healthcare Provider Printed Name			Date

Student Name: