

Health Sciences Immunization Program (HSIP) Chronic Hepatitis B Vaccine (HBV) Infection: Counseling Letter for Providers

Individuals with documented chronic HBV infection are not discriminated against because of their hepatitis B status.

The student's health care provider (MD, ARNP, PA, DO, or ND only) must use this form to document counseling regarding health status and implications, including the need for rigorous adherence to standard precautions per recommended CDC guidelines.

The student must submit the following records to HSIP via myshots@uw.edu to document their Chronic HBV Infection status for the Hepatitis B requirement:

- Lab report showing documentation of positive Hepatitis B Surface Antigen (HBsAg) titer (test for chronic infection).
- This completed form to document proof of a counseling visit with a health professional.

Student last name: _____ Student first name: _____

Student ID#: _____ UW NetID: _____

Provider Statement of Chronic HBV Infection Counseling:

"I have counseled the above-named individual regarding chronic HBV infection, in accordance with the following CDC guidelines":

<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6103a1.htm>

Signature: _____

(MD, ARNP, PA, DO, ND) - Circle

Printed Name: _____

Phone #: _____ Date: _____

FACILITY STAMP