



Wisdom. Compassion. Integrity.

Student Externship

Hepatitis B Vaccine Agreement

I understand that it is the policy of Galen Medical Group that individuals who have a potential exposure to blood, body fluids and human tissue are immune to Hepatitis B. This immunity is demonstrated by the series of three injections with a follow up blood titer with a positive result, or a documented positive blood titer. I understand that I have a negative titer and therefore not immune to Hepatitis B. As a condition to be accepted into the training for which I am applying at Galen Medical Group I agree to the following:

1. I will consult with my Primary Care Physician (PCP) to start or complete the Hep B vaccination series and follow up titer.
2. I will complete the vaccination process in the recommended intervals for the vaccine.
3. I will provide documentation to Galen Medical Group Compliance Department of the vaccination process.
4. If I fail to complete the vaccination process at the manufacturers' recommended intervals I may be asked to leave Galen Medical Group.
5. I understand that this vaccination series is at my own cost through my own PCP or clinic of my choice.
6. Until such time that I can demonstrate immunity to Hepatitis B, I will notify Galen Medical Group if I have an unprotected exposure to any blood, body fluids or human tissue to non-intact skin. I understand that prophylactic treatment may be required if I have any unprotected exposure to a Hepatitis B source and will seek such care from my PCP or clinic of choice.

Student Signature

Date

Printed Name