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.

---

**Hepatitis B Vaccine Status Form**
*(To be completed by minor’s personal care physician)*

- [ ] I have provided my patient ________________________________ with the opportunity (Patient’s Name) to be vaccinated with the Hepatitis B vaccine.

  The patient has:
  - [ ] Completed the vaccine series
  - [ ] Received _______ injection(s) in the vaccine series
  - [ ] Declined the vaccine

---

Physician’s Signature ________________________________ Physician’s Name (print) ________________________________ Date ________________________________

Address ________________________________ Phone ________________________________

---

5/7/12