



# Hepatitis B Consultation Form (Complete and return to Student Health)

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Campus Location & Class:**  
\_\_\_\_\_

**Primary Care Physician:**  
\_\_\_\_\_

**Specialist Consulting Physician:**  
\_\_\_\_\_

**Date of Specialist Consult:**  
\_\_\_\_\_

**Pertinent HBV history prior to consultation**  
(to be completed by PCP/Student Health)

1. Initial Hepatitis B Vaccination Series dates:
  - a. Immunization 1: \_\_\_\_\_
  - b. Immunization 2: \_\_\_\_\_
  - c. Immunization 3: \_\_\_\_\_
  - d. Titer result and date: \_\_\_\_\_
2. Second Hepatitis B Vaccination Series dates
  - a. Immunization 1: \_\_\_\_\_
  - b. Immunization 2: \_\_\_\_\_
  - c. Immunization 3: \_\_\_\_\_
  - d. Titer result and date: \_\_\_\_\_
3. HBV Testing:
  - a. HBsAg: Positive Negative \_\_\_\_\_ Date \_\_\_\_\_
  - b. Anti HBc: Positive Negative \_\_\_\_\_ Date \_\_\_\_\_
  - c. HBV Viral Load: \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

**Specialist consultant to complete the following section:**

**Testing**

1. HBV Viral load: \_\_\_\_\_ (date) \_\_\_\_\_
2. Other pertinent testing performed: \_\_\_\_\_

**Treatment Recommendations**

**Follow up Recommendations**

The student should follow up with me / their primary care physician (circle one) on \_\_\_\_\_ (not to exceed one year).

**Recommendations Regarding Clinical Practice**

At this time, I recommend that this student:

\_\_\_\_\_ Be able to participate in patient care with no restrictions on procedures performed (student may participate in both Category I and Category II procedures – see page 2 for reference)

\_\_\_\_\_ Be able to participate in patient care but should be **restricted from performing any Category 1 procedures at this time**

\_\_\_\_\_ **Other (please describe):** \_\_\_\_\_

Physician's Signature \_\_\_\_\_ DO, MD

Address \_\_\_\_\_

Office Phone Number \_\_\_\_\_

Print Last Name \_\_\_\_\_ Date \_\_\_\_\_

## **Category I Procedures**

1. Those **known or likely to pose an increased risk of percutaneous injury to a health-care provider that have resulted in provider-to-patient transmission of HBV**
2. Are generally limited to:
  - a. Major abdominal, cardiothoracic, and orthopedic surgery
  - b. Repair of major traumatic injuries
  - c. Abdominal and vaginal hysterectomy
  - d. Caesarean section
  - e. Vaginal deliveries
  - f. Major oral or maxillofacial surgery.
3. Techniques that have been demonstrated to increase the risk for health-care provider percutaneous injury and provider to patient blood exposure include:
  - a. Digital palpation of a needle tip in a body cavity and/or
  - b. The simultaneous presence of a health care provider's fingers and a needle or other sharp instrument or object (bone spicule) in a poorly visualized or highly confined anatomic site
4. **Students with HBV infection may be restricted from performing Category I procedures based on recommendations from an Infectious Disease specialist or based on hospital or preceptor policy.**

## **Category II Procedures**

1. All other invasive and noninvasive procedures.
2. Pose **low or no risk for percutaneous injury to a health-care provider or, if a percutaneous injury occurs, it usually happens outside a patient's body and generally does not pose a risk for provider to patient blood exposure.**
3. Procedures include:
  - a. Surgical and obstetrical procedures that do not involve the techniques listed for Category I
  - b. The use of needles or other sharp devices when the health-care provider's hands are outside a body cavity (e.g., phlebotomy, placing and maintaining peripheral and central intravascular lines, administering medication by injection, performing needle biopsies, or lumbar puncture)
  - c. Dental procedures other than major oral or maxillofacial surgery
  - d. Insertion of tubes (e.g. nasogastric, endotracheal, rectal or urinary catheters)
  - e. Endoscopic or bronchoscopic procedures
  - f. Internal examination with a gloved hand that does not involve the use of sharp devices (e.g. vaginal, oral, and rectal exam)
  - g. Procedures that involve external physical touch (e.g. general physical or eye examinations or blood pressure checks).
5. **Students with HBV infection are generally not restricted from performing Category II procedures.**