



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.**