

University of Miami Miller School of Medicine Medical Student Immunization Addendum Form

I. TO BE COMPLETED BY STUDENT (please print)

Name _____ Entering UMMSM: Yr _____
 Last, First M. I.
 UM Student # _____ Date of Birth _____
 month day year

If initial Hepatitis B titer is negative, students must obtain a booster dose of Hepatitis B vaccine followed by a repeat titer 1-2 months later.

Ia. Booster dose #1: _____ QUANTITATIVE Hep B Surface Antibody Positive Negative
 Month day year _____

 Month day year copy attached

If the titer remains negative they must complete the series of 3 doses and then re-titer 1-2 months after the 3rd dose. Please complete Section II to document the booster/additional doses.

If Hepatitis B antibody is negative again after a secondary series, please complete section III of this form.

II. Repeat Hepatitis B series

dose #1 _____ QUANTITATIVE Hep B Surface Antibody positive negative
 month day year _____
 dose #2 _____ copy attached
 month day year _____
 dose #3 _____
 month day year _____

III. For Hepatitis B non-responders ONLY (those who have not responded (Hep B titer remains negative) to two complete Hepatitis B vaccine series. copy of all labs attached

Hepatitis B Core Antigen positive negative _____
 month day year
 Hepatitis B Core Antibody positive negative _____
 month day year
 Hepatitis B Surface Antigen positive negative _____
 month day year
 Hepatitis B Viral Load positive negative _____
 month day year

I attest that all dates and immunizations listed on this form are correct and accurate.

 Name & title of physician or health care provider Signature Date

 Office Address

 City State LICENSE # Zip Telephone

Upload completed form and documents to MyUHealthChart.com Alternatively you can scan and email to studenthealth@miami.edu