



# Hepatitis B Consultation Form

## Must be completed and returned to Student Health

**Student Name:**  
**Date of Birth:**  
**VCOM Campus and Class:**  
**Primary Care Physician:**  
**Specialist Consulting Physician:**  
**Date of Specialist Consult:**

**Pertinent HBV history prior to consultation** (to be completed by student, PCP or VCOM 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 (if done) \_\_\_\_\_ 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 \_\_\_\_\_

Return form to the Student Health Coordinator  
 Office of Clinical Education

## **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).
4. **Students with HBV infection are generally not restricted from performing Category II procedures.**