

## **HEPATITIS B SHOTS**

### **For Students in Early Childhood, Physical Education, and Special Education**

All students admitted into the **Early Childhood, Physical Education, or Special Education** teacher licensure programs must submit proof of the Hepatitis B shot series (3 shots). Most students born after 1991 received this shot series as an infant. If you do not have your shot records, you can complete a Hepatitis B surface antibody test to determine immunity. If you do not have immunity, please start the process well in advance of your field experience start date. It will take six (6) months to complete

**Proof of your Hepatitis B shot series must be submitted to the Office of Field Services, OFSassistant@csuohio.edu.** Please contact your health care provider or CSU Health & Wellness Services to complete the information below. To schedule an appointment with CSU Health & Wellness Services, contact 216-687-3649

If you choose to use CSU’s Health & Wellness Services, follow these guidelines:

1. You must be a registered CSU student.
2. An appointment must be scheduled.
3. The fee for EACH shot is \$45.00 (for a total of \$135.00 or Hep B Titer \$22.00)
4. Please allow 6 months for the completion of these shots. The timetable for shots is as follows:
  - 1<sup>st</sup> Shot
  - 2<sup>nd</sup> Shot – 1-2 months after the 1<sup>st</sup> shot
  - 3<sup>rd</sup> Shot – 4-6 months after the 1<sup>st</sup> shot
5. Complete the form below and submitted to the Office of Field Services, OFSassistant@csuohio.edu.

To: Office of Field Services, Julka Hall Room 187 (JH 187)

From:  CSU Health Services       Other Physician    (*check only one*)

Student’s Name: \_\_\_\_\_

CSU ID#: \_\_\_\_\_

***I verify that the above-named student received his/her Hepatitis B Shot on the date noted below:***

Hepatitis B Shot # 1	Signature	Vaccination Date
Hepatitis B Shot # 2 (at least 1 month after Shot # 1)	Signature	Vaccination Date
Hepatitis B Shot # 3 (at least 4 months after Shot # 1)	Signature	Vaccination Date

**OR**

Hepatitis B Surface Antibody Immunity Test (Titer Test)     Immune       Not Immune (Requires Shot Series)

***I verify that the above-named student has completed the series of Hepatitis B Shots***

Signature

Date