



HEPATITIS B IMMUNITY STATUS AND DECLARATION FORM

Hepatitis B is an infection caused by the Hepatitis B virus. As part of the recruitment process, you are required to provide evidence of your Hepatitis B immunity. To ensure that you have a thorough understanding of Hepatitis B, further information regarding Hepatitis B can be found on the [Queensland Government website](#), and you are encouraged to speak with your Medical Practitioner/legal professional if you have concerns with any risks associated with Hepatitis B.

You are required to complete this document and supply any supporting documentation to QPS Recruiting when requested.

HEPATITIS B IMMUNITY STATUS	RESPONSE
Option 1	
I have completed the Hepatitis B immunisation program and have an immune status. I have attached the following supporting documents: <ul style="list-style-type: none"> • Serology report verifying my immunity (antibody level greater than 10 mIU/mL), and • Hep B Immunisation History Statement or report from my medical practitioner confirming dates of my vaccination. 	YES / NO
Option 2	
I have completed the Hepatitis B immunisation program and have a non-responder status following a second course of the vaccine or booster as recommended by my medical practitioner. I have attached the following supporting documents: <ul style="list-style-type: none"> • Serology report confirming I am not immune (antibody level less than 10 mIU/mL), and • Hep B Immunisation History Statement or report from my medical practitioner confirming dates of my vaccination/s. 	YES / NO
Option 3	
I am currently undertaking a Hepatitis B immunisation program. I have detailed my vaccination schedule below:	YES / NO
<ul style="list-style-type: none"> • Date of First Hepatitis B vaccination: 	___/___/___ (DD/MM/YYYY)
<ul style="list-style-type: none"> • Expected date of my final Hepatitis B vaccination: 	___/___/___ (DD/MM/YYYY)
<ul style="list-style-type: none"> • Expected date for post-vaccination blood test: 	___/___/___ (DD/MM/YYYY)

I declare that:

- I have discussed the benefits and risks of immunisation with a general practitioner and considered the information provided.
- I understand that I may be exposed to the Hepatitis B virus whilst undertaking policing duties throughout a career as a QPS officer and am aware of the recommended management actions to apply in the event of potential exposure.
- I am aware of my risk of contracting the Hepatitis B virus and have discussed risks and prevention strategies with my general practitioner.
- I am fully informed about the risks of being a non-responder and consent to join QPS as a Police Recruit and continue with QPS employment.
- I acknowledge that if I am currently undertaking the Hepatitis B immunisation program, I am seeking approval from the QPS to commence recruit training at the Academy on the understanding that I must provide a copy of my results to show immunity prior to graduating.

Applicant Name
(First and Surname)

___/___/___
Date of Birth
(DD/MM/YYYY)

Applicant's Signature

Parent/Guardian's Signature
(If under the age of 18)