Hepatitis B Vaccine Declination Information

The following statement of declination of Hepatitis B Vaccination must be signed by the student who chooses not to receive the vaccine. The statement can only be signed by the student following appropriate education regarding Hepatitis B, Hepatitis B vaccination, the efficacy, safety, and method of administration, and the benefits of vaccination. The statement is not a waiver; students can request and receive the Hepatitis B vaccination at a later date if they remain at risk for Hepatitis B.

Declination Statement

I understand that due to my clinical experience as a student in a health care field I may be exposed to blood or other potentially infectious materials which may put me at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. Within the course of the program enrollment, if I continue to have the potential for exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series.

Allied Health Program enrolled in:

☐ Emergency Medical Technician
☐ Nurse Assistant
☐ Paramedic
☐ Radiology Technology
☐ Registered Nursing

☐ 1st Semester
☐ 2nd Semester
☐ 3rd Semester
☐ 4th Semester

☐ Vocational Nursing

☐ 1st Semester
☐ 2nd Semester
☐ 3rd Semester

Print Student Name                  Student Signature                  Date

Print Witness Name                  Witness Signature                  Date