

STUDENT DECLINATION FOR HEPATITIS B VACCINE

I have read the information provided about hepatitis B. Due to my clinical experience, I may encounter an exposure to blood or other potentially infectious materials, and therefore may be at risk of acquiring hepatitis B virus (HBV) infection.

I understand that receiving the vaccine is voluntary, and does not affect my clinical experience. I am in the process of having my hepatitis B vaccine or I may decide to have the vaccine at a future date.

I decline to be immunized with hepatitis B vaccine at this time. In the event of an accidental exposure, I will report the incident immediately to my clinical instructor, and consult my health care provider regarding post exposure prophylaxis. I will also file an accident report with the College Health Office.

Signature

Date

Student ID#

Program