



## Hepatitis B Vaccine Declination Form

I understand that due to my exposure to potentially infectious materials in my nursing courses, I may be at risk of acquiring Hepatitis B (HBV) infection.

I understand that by declining to obtain this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I have been vaccinated with the Hepatitis B vaccine, I will present notification to the College of Nursing Student Services Office.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_