Declination Form for Hepatitis B Vaccine
The following statement of declination of the Hepatitis B vaccine must be signed by a student who:

- Chooses not to accept the vaccine.

- Has read the following Hepatitis B Fact Sheet:
  http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. However, I decline hepatitis B vaccination at this time. I understand that by declining 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 want to be vaccinated with hepatitis B vaccine, I can begin the vaccination series at any time.

Print Name ____________________________________________

Signature ____________________________________________

Date ________________________________