



HEPATITIS “B” IMMUNIZATION WAIVER FORM

I decline to be immunized for protection against acquiring Hepatitis type “B”. I understand that the immunization is voluntary on my part and will not affect my status as a student.

I understand that I must complete the statement below.

I am refusing to obtain these immunizations. I understand that due to my clinical exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the information concerning vaccination with 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.

Legible Printed Name

Signature

Date