

## **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.

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.
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uisease.		
Legible Printed Name	Signature	Date