

Declination of Hepatitis B Vaccination

My school has recommended that I receive Hepatitis B vaccination to protect myself and the patients I serve. I acknowledge that I am aware of the following facts:

- Due to my occupational exposure to blood or other potentially infectious material (OPIM), I may be at risk for acquiring hepatitis B virus (HBV) infection.
- I understand that Hepatitis B vaccination is recommended unless:
 - Documentation of prior vaccination and post-vaccination titer can be provided to the facility
 - A medical evaluation identifies that vaccination is contraindicated
- I understand that some practicum and/or internship sites may refuse my placement if I have not been vaccinated for Hepatitis B.

I understand that the consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact. Despite these facts, 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.

I am choosing to decline hepatitis B vaccination for the following reasons:

I have read and fully understand the information on this declination form.

Signature _____ Date _____

Print Name _____