Department of Nursing

Hepatitis B Declination Form

NURSING STUDENTS ARE TO BE IMMUNIZED WITH HEPATITIS B VACCINE (SERIES OF THREE VACCINATIONS AND A POSITIVE TITER) PRIOR TO THE BEGINNING OF CLINICAL PRACTICE OR MUST SIGN A DECLINATION STATEMENT.

DECLINATION STATEMENT
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. I have been informed of the need to be vaccinated with Hepatitis B Vaccine. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Please Print Your Student Name: _____

SIGNATURE OF STUDENT:_____

Date: _____

Please upload a copy to the Hep B file through your CastleBranch account.

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