



REFUSAL TO RECEIVE HEPATITIS B VACCINE

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk for acquiring Hepatitis B virus (HBV) infection. I have been given information and the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring hepatitis B, a serious and potentially fatal 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 receive the vaccination series at no charge to me.

Name of person signing waiver (please print)

Signature

Witness

Date

**Completed accommodation forms must be returned to Treesa Peterik
(tpeterik@hfmhealth.org or FAX: 920-320-5111) 7 days of your student experience.**