Hepatitis B Vaccine Acceptance/Declination Form

Due to your occupational exposure to blood or other potentially infectious material (OPIM) you may be at risk of acquiring hepatitis B virus (HBV) infection. Hepatitis B vaccination is strongly recommended unless:

1) Documentation of prior vaccination and post-vaccination titer is provided to Health Services
2) Medical evaluation identifies that vaccination is contraindicated.

I understand that due to my occupational exposure to blood or OPIM I may be at risk of acquiring Hepatitis B virus

Declination Reason:
- I decline because I have received the 3-dose Hepatitis B vaccination in the past. List dates: __________, __________, __________ and send a copy of the vaccination record and post-vaccine titer*.
- I decline because I have evidence of immunity (send a copy of the antibody titer record*).
- Other reason for declination; explain: ____________________________________________

*Send prior vaccination records and/or immunity records

______________________________________________                    ______________________________
Signature of Student                                                                                   Date signed

______________________________________________                  ______________________________
Students name (print)                                                                                   ID #

Program of Study