

Student ID # _____
Program Study: _____



Health Services
400 Paramus Road Room HS100
Paramus, NJ 07652
Email: healthservices@bergen.edu

Form submission link: <https://lf.bergen.edu/forms/hs0001>

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