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: ____________________________________________________________

*Attach prior vaccination records and/or immunity records

______________________________________________                  ______________________________
Signature of Student                                                                                   Date signed
______________________________________________                    ______________________________
Students name (print)                                                                                   ID #
______________________________________________
Program of Study

Rev. 02/22