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\_\_\_\_\_ ID# \_\_\_\_\_  
**Program of Study :** \_\_\_\_\_

**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