|  |
| --- |
| **Hepatitis B Vaccination Declination** |

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that due to my participation at clinical sites as part of a health sciences program, I am at risk for exposure
to blood or other potentially infectious material. As such, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I
have been advised that receiving the Hepatitis B vaccine is highly recommended due to the continuous exposure to
blood and body fluids associated with the health care profession I am pursuing.

I understand that if I choose to receive the Hepatitis B vaccine, I may not be protected if I miss an immunization step or
until I have completed the entire immunization series. I further understand that I am responsible for ensuring I complete
the immunization series as recommended by the CDC.

I have reviewed the CDC website and am aware the immunization series may not result in a positive titer which means I
may be a vaccine non responder, and I am not protected from exposure to infected blood and other materials.

If I choose not to receive the Hepatitis B vaccine I understand that I may be at risk of being exposed to and acquiring
Hepatitis B, a serious disease. I can start the immunization process at a later date if I so choose.

**Please check one box:**

* I decline to receive the vaccine
* I am receiving the Hepatitis B vaccination series and have received doses on the following dates:
1. \_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_

**Or**

1. \_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_
* I have completed the Hepatitis B vaccine series. My Anti‐HB/HepB Sab titer on (\_\_\_\_Date\_\_\_\_\_) was negative
and am I receiving a second series of vaccines.
* I have completed the Hepatitis B vaccine series. My Anti‐HB/HepB Sab titer was negative and I have chosen NOT
to receive further immunizations/boosters at this time.
* I have a history of the disease diagnosed on (\_\_\_\_Date\_\_\_\_\_)
* I am a known non responder

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Printed Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_