

UNC-Charlotte
College of Health and Human Services

Hepatitis B Vaccine Declination - Student

I understand that due to my (occupational/educational) exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at my expense. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. *If in the future I continue to have occupational/educational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at my own expense.*

Date: _____

Signature: _____

Student ID _____