

## 2023-2024 Standardized Hepatitis B Vaccine Declination and Supplemental Form

*For students and faculty who have previously received the Hepatitis B Vaccination series or are declining the Hepatitis B Vaccination series*

I understand that due to my educational and or vocational exposure to blood or other potentially infectious bodily fluids I may be at risk of acquiring hepatitis B virus (HBV). I have been given the opportunity to be vaccinated with hepatitis B vaccine at my own expense.

**Please indicate which of the following scenarios apply by your placing initials on the line provided:**

- a. \_\_\_\_\_ I decline hepatitis B vaccination at this time as I have proof of immunity by a positive anti-HBs blood titer, formerly known as the hepatitis B surface antibody (HBSAB). I have attempted to find documentation of my prior hepatitis B vaccinations, which I believe occurred in \_\_\_\_\_ (date) at the office or workplace of \_\_\_\_\_. However, I am unable to find these records at this time.
- b. \_\_\_\_\_ I am process of getting the hepatitis B series.
- c. \_\_\_\_\_ It is documented that I do not respond to the vaccine\_
- d. \_\_\_\_\_ I decline the vaccine.

*If I continue to have exposure to blood or other potentially infectious materials as part of my educational program or major and want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at my own expense at any time in the future.*

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Matriculation Date: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

If you are not an employee, what is your role? Student ( ) Clinical Faculty ( ) Volunteer ( ) Other ( )