

# THOMAS UNIVERSITY



## DIVISION OF NURSING

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### CLINICAL LABORATORY SCIENCE PROGRAM

#### Hepatitis Vaccine Waiver Statement

\_\_\_\_\_  
(Name of Student)  
Please Print

\_\_\_\_\_  
(Date)

I understand that due to my occupational exposure to blood and other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection.

It is recommended by the Center for Disease Control that health care workers who have a reasonable expectation of being exposed to blood on the job or clinical site be vaccinated with hepatitis B vaccine.

However, I decline the 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, potentially life-threatening disease.

I have had my questions regarding HBV infection and vaccination answered to my satisfaction.

\_\_\_\_\_ (student's initials) **I choose NOT to receive the Hepatitis B vaccine series at this time, with full understanding of the risk to my health.**

\_\_\_\_\_  
(PRINT NAME OF STUDENT)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Student)