



## HEPATITIS B VACCINE WAIVER

Student Name: \_\_\_\_\_

Student ID: @\_\_\_\_\_

The Hepatitis Vaccine is safe. You are considered to be a higher risk of contracting Hepatitis B because you will be working in the Pre-Hospital and Hospital setting. Approximately 15-20% of people who work in these areas are immune. If you are immune, you will of course not need immunized.

I understand that due to my occupational exposure to blood or other potentially infectious material, I am at risk of acquiring HBV (Hepatitis B Virus) infection. I have read the [Information Sheet: Hepatitis B Vaccine](#) and have had an opportunity to ask questions and understand the risks and benefits of the Hepatitis B Vaccine.

Having been so informed, I decline to take the Hepatitis B vaccine at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring hepatitis. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated, I can receive the vaccination series at that time.

I understand the risks and benefits of immunization with the Hepatitis B vaccine. Despite potential benefits, I prefer NOT to be immunized at this time.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18) \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever had Hepatitis?  
If yes, what type?

Other Comments: