



APPALACHIAN STATE UNIVERSITY

BEAVER COLLEGE OF HEALTH SCIENCES

**Nursing**

### **Declination Statement for Hepatitis B Vaccine**

The following statement of declination of hepatitis B vaccination must be signed by a student/faculty/staff who chooses **not to accept** the vaccine. The statement can only be signed by the student/faculty/staff following appropriate training regarding hepatitis B, hepatitis B vaccination, the efficacy, safety, method of administration, and benefits of vaccination. The statement is not a waiver; students/faculty/staff can receive the hepatitis B vaccination at a later date if they remain occupationally at risk for hepatitis B.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. The importance of the vaccination and potential risk for acquiring a bloodborne pathogen disease has been reviewed with me; 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 exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I am aware that I can receive the vaccination series from my care provider. I have been provided information regarding Hepatitis B and have discussed it with the member of the Department of Nursing completing this form.

**I decline to have the Hepatitis B vaccination series**

**I have received, reviewed and discussed the educational materials regarding my decision**

(both must be checked).

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Further questions or discussions regarding Hepatitis B should be discussed with your healthcare provider, or you may make an appointment with the Director of Compliance/Student Support.

Adapted from <http://www.osha.gov/SLTC/etools/hospital/hazards/bbp/declination.html>

M: Hepatitis B Declination Form