



Whitson-Hester School of Nursing

TENNESSEE TECH

HEPATITIS B VACCINATION DECLINATION FORM

I _____, have read the [Vaccine Information Statement: Hepatitis B Vaccine: What You Need to Know](#) published by the Centers for Disease Control and Prevention and understand the purpose and benefits of this vaccine, the potential side effects of this vaccine and the risk of not getting vaccinated.

I _____, understand that a hospital, clinic or similar medical treatment facility may exclude me from clinical placement on the basis of failure to meet their required vaccination status. I further understand that if I am excluded from clinical placement, I will not be able to meet course requirements and/or the requirements for graduation.

DECLINATION STATEMENT:

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. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine. 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 will need to discuss this with my healthcare provider. If I am then vaccinated, I agree to supply that documentation to Tennessee Tech University's Whitson-Hester School of Nursing.

Student Signature

T Number

Date