

School of Health, Kinesiology, Science and Mathematics Nursing and Allied Health Department

Hepatitis B Vaccine Information Form/Waiver

NAME:			
	LAST	FIRST	MIDDLE
STUDENT ID #:		E-MAIL:	
ADDRESS:		CITY/STATE/ZIP:	
PHONE (Home): ()	(Circle One: Work Cell Other):()

Hepatitis B is a viral infection of the liver caused primarily by contact with blood and other body fluids from infected persons. The **Hepatitis B** vaccine can provide immunity against **Hepatitis B** infection for persons at significant risk, including:

- Health care workers and people exposed to biomedical waste
- Persons who have received blood products containing the virus through transfusions
- Persons with a history of intravenous or intranasal drug use
- Persons who have received tattoos, or body piercing under questionable sanitary conditions
- Persons who have or have had sex with multiple partners or with someone who is infected with the virus

Waiver of immunization:

I have received and reviewed the information pertaining to hepatitis B. I understand the risks involved and choose to refuse the vaccine.

Signature of student

Date

Additional

Comments:_____

Hepatitis B Immunization Waiver (02/2014)