

**Student Health Center**  
**Vanderbilt University Medical Center**  
Hepatitis B Vaccine Declination Statement  
Patient Completed Information



Patient Label or Patient Identifiers

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

**Declination Statement:**

I understand that due to my course work / studies exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have received the training regarding Hepatitis B, the efficacy, safety, method of administration, and benefits of vaccination. I have been given the opportunity to be vaccinated with the 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 disease. If, in the future, I continue to have course work / studies exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can received the vaccination series.

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Department of Study: \_\_\_\_\_