

MANDATORY HEPATITIS B VACCINATION DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious material. I may be at risk of acquiring Hepatitis B virus (HBV) infections. I understand that I must either provide evidence of immunization (3 injection series) or sign this waiver releasing The University of Louisiana at Monroe and clinical agencies from any responsibility should I contract Hepatitis B. I release The University of Louisiana at Monroe or any agency in which I attend internship experiences of any responsibility for any consequences of this decision.

Name _____ ID# _____
(Please Print)

Signature _____ Date _____

Witness _____ Date _____