

Student Hepatitis B Vaccination Declination Form (Mandatory)

I understand that, due to my occupational exposure to blood or other potentially infectious materials in the clinic environment, I may be at risk of acquiring hepatitis B (HBV) infection. I have been informed that I can be vaccinated with hepatitis B vaccine from my health care provider. However, I decline hepatitis B vaccination currently. 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 can receive the vaccination series and provide proof of same to VU at that time.

Date: 2-10-2023		
Print Name: _	Juliana	Lu
Signature:	Julia.	ah

^{*}Total of THREE shots required: Initial vaccination, exactly one month later, and then six months later.