

**HEPATITIS B VACCINE**

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

Program: Health-Careers Exploration Summer Institute (HESI)

**Hepatitis B Vaccine Not Indicated:**

The Hepatitis B vaccination is not indicated for the undersigned student if the student:

[ ]  Has documentation of the completed Hepatitis B vaccinations series, or

[ ]  Has provided serologic evidence of immunity to Hepatitis B, or

[ ]  Has documentation indicating that the vaccine is contraindicated for medical reasons.

Note: Supporting documents MUST be attached.

**Hepatitis B Vaccine Declined**

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 Hepatitis B vaccine.

I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future while at shadowing at Shasta Regional Medical Center, I continue to have occupations exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series.

[ ]  I decline the Hepatitis B vaccination at this time.

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