

**HEPATITIS B VACCINE DECLINATION FORM**

**This form must be read and signed by every students enrolled in any program of the School of Health Professions who declines to obtain a full series of vaccination against Hepatitis B or who has not completed the series.**

I UNDERSTAND THAT DUE TO MY WORK AS A STUDENT IN THE SCHOOL OF HEALTH PROFESSIONS THAT I MAY BE:

* EXPOSED TO BLOOD OR OTHER POTENTIALLY INFECTIOUS BLOOD OR BODY FLUIDS THAT PUT ME AT RISK OF ACQUIRING HEPATITIS B VIRUS (HBv) INFECTION.
* I AM AWARE THAT IF HEPATITIS B VIRUS IS CONTRACTED THERE IS AN INCREAED RISK OF CHRONIC LIVER DISEASE, LIVER CIRRHOSIS, LIVER CANCER AND/OR DEATH.
* I UNDERSTAND THAT BY DECLINING TO OBTAIN THE VACCINE OR NOT HAVING COMPLETED THE SERIES I CONTINUE TO BE AT RISK FOR ACQUIRING HEPATITIS B, A POTENTIALLY SERIOUS, LIFE THREATENING DISEASE.
* I UNDERSTAND THAT I NEED TO USE UNIVERSAL PRECAUTIONS AT ALL TIMES AND APPROPRIATE PROTECTIVE EQUIPMENT WHETHER I AM IMMUNIZED OR NOT.
* IF AN EXPOSURE OCCURS WHILE I AM A STUDENT, I WILL IMMEDIATELY CONTACT MY INSTRUCTOR AND THE DIRECTOR OF HEALTH SERVICES. DEPENDING ON THE CIRCUMSTANCES THIS NEEDS TO BE DONE WITHIN TWO (2) HOURS OF EXPOSURE SO THAT APPROPRIATE CARE MAY BE INITIATED AS NEEDED. THIS CARE WILL BE AT MY OWN EXPENSE.

**“AT THIS TIME I WILL NOT OBTAIN THE HEPATITIS B VACCINE OR HAVE NOT COMPLETED THE SERIES. IF I OBTAIN THE VACCINE I WILL UPDATE MY RECORD IN THE HEALTH AND WELLNESS OFFICE WITH THE PROPER DOCUMENTATION.**

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Maryville I.D.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send this form to the Health and Wellness Office 650 Maryville University Drive St. Louis, MO 63141 telephone: 314-529-9520 Fax: 314-529-9906 5.12.docx