Declination or Acceptance of Hepatitis Vaccine

+ I verify by signing below that I have read and have become familiar with the CHS Student Guidelines for Preventing Occupational Exposure to Bloodborne Pathogens
+ I will comply with the above statements
+ I understand that if I have questions related to exposures, I will contact my faculty.
+ If I experience an exposure, I will follow the procedure outlined on page 14 of the Student Guidelines.

Please Complete One:

____ I DECLINE the Hepatitis B vaccine because of a previous completed vaccination and have submitted proof thereof.

____ I DECLINE the Hepatitis B vaccine, and I understand that I am at risk of exposure associated with my job responsibilities. I fully accept the consequences of my actions and ramifications of assuming greater risk of contracting the disease as a result of my refusal to participate in the Hepatitis B Vaccine Program. Refusal to participate in Hepatitis B vaccination may prevent progression in my program. I understand the risks and have had counseling with a health care provider to discuss the consequences of declination. If in the future I continue to have exposure to blood or other potentially infectious materials I understand that I may complete the vaccination at a future date.

____ I am currently in the process of vaccination series and my intent is to complete the series.

Name: ________________________________________________________________

Program: ☐ Anesthesia ☐ Clinical Lab Science ☐ Nursing ☐ Occupational Therapy ☐ Physical Therapy
☐ Physician Assistant ☐ Radiation Therapy ☐ Respiratory Therapy ☐ Physician Assistant (PA)

Student Signature: ________________________________ (electronic signature)  Date: ____________

Telephone #:________________________________________________ UMID: ________________

Please remember to report possible exposure, e.g., needle stick or splash, to your clinical instructor or designee IMMEDIATELY