



California State University
Dominguez Hills

School of Nursing

Hepatitis B Vaccine Information Form/Waiver

Name: _____

Course number and Semester _____

Email _____

Student ID _____

Hepatitis B is a viral infection of the liver caused primarily by contact with blood and other body fluids from infected persons. **Hepatitis B** vaccine can provide immunity against **hepatitis B** infection for persons at significant risk.

Persons at high risk include:

- Health care workers and people exposed to biomedical waste
- Persons who have received blood products containing the virus through transfusions
- Persons with a history of intravenous or intranasal drug use
- Persons who have received tattoos, or body piercing under questionable sanitary conditions
- Persons who have or have had sex with multiple partners or with someone who is infected with the virus

Waiver of immunization: I have received and reviewed the information pertaining to hepatitis B. I understand the risks involved and choose to refuse the vaccine.

Signature of student

Date

Additional
comments: _____

