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:_____________________________________________________________
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Approved SON 10/11/05