

MANDATORY HEPATITIS B VACCINATION DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious material. I may be at risk of acquiring Hepatitis B virus (HBV) infections. I understand that I must either provide evidence of immunization (3 injection series) or sign this waiver releasing the University and clinical agencies from any responsibility should I contract Hepatitis B. I release Southeastern Louisiana University or any agency in which I attend internship experiences of any responsibility for any consequences of this decision.

Name

W number

Signature

Date

Witness

Date

