

## Hepatitis B Vaccination Waiver

Vincennes University strongly recommends that students majoring in certain health sciences programs contact their family physician and begin the three-vaccination sequence for hepatitis B. Clinical agencies are requiring documentation of the complete the hepatitis B series or proof of refusal to take the vaccine. Failure to submit this document will result in the student being denied entrance into the clinical setting. If you have completed or started the Hepatitis B Series, it should be indicated on your physical form. If you will not be obtaining a Hepatitis B Series, you are required to complete this waiver form and return it with your other health forms as directed by your program.

I understand that as part of my clinical experiences, I may be exposed to blood or other potential infectious materials and that, as a result, I may be at risk of being infected by the Hepatitis B virus. I understand that Hepatitis B is a severe and potentially life threatening illness and that taking the Hepatitis B Series would significantly reduce my risk of being infected by the Hepatitis B virus. Knowing and understanding the risks of exposure, I have elected to refuse the Hepatitis B Series.

Student Information (please print)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Banner Identification Number (A Number)

Major

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Associate Degree Nursing | <input type="checkbox"/> Practical Nursing              | <input type="checkbox"/> Funeral Service |
| <input type="checkbox"/> Radiography              | <input type="checkbox"/> Physical Therapist Assistant   | <input type="checkbox"/> EMS/Paramedic   |
| <input type="checkbox"/> Surgical Technology      | <input type="checkbox"/> Bachelor of Science in Nursing |  |

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date