



HEPATITIS-B DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials that I may be at risk for acquiring Hepatitis-B Virus infection (HBV). I have been encouraged to receive Hepatitis-B vaccine. However, I decline Hepatitis-B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk for acquiring Hepatitis-B, a serious disease. I also understand that neither Clayton State University, nor any of the clinical agencies can be held responsible should I acquire Hepatitis-B infection. If in the future I choose to be vaccinated, I may replace this declination form with proof of immunization.

TO BE COMPLETED BY STUDENT

Last Name	First Name	Middle Name	LakerID#
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Signature

Date

TO BE COMPLETED BY WITNESS

Last Name	First Name	Middle Name	LakerID#
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Signature

Date