

NORTH MONTCO TECHNICAL CAREER CENTER
HEPATITIS B (HBV) VACCINATION
DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B infection.

It has been recommended that I be vaccinated with Hepatitis B Vaccine at my own expense. However, I decline the Hepatitis B Vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease and assume FULL responsibility for this decision.

If in the future prior to graduation, I decide to receive the vaccine, I will provide appropriate documentation for my file.

PLEASE CHECK AND SIGN BELOW:

_____ I do NOT wish to receive the Hepatitis B Vaccine, although I understand that occupational exposure to blood or other infectious material may put me at risk for acquiring Hepatitis B.

Student's Signature

Date

Parent's Signature

Date