

**UNIVERSITY OF DETROIT MERCY  
COLLEGE OF HEALTH PROFESSIONS**



**Student Hepatitis B Vaccine Declination**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring or transmitting Hepatitis B virus (HBV) infectious. However, I decline 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. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I may do so.

Reference: Appendix A, 29 Code of Federal Regulations 1910.1030 Occupational Exposure to Bloodborne Pathogens. Occupational Safety and Health Act.

I, \_\_\_\_\_, have decided not to receive injections of  
(Print Name)  
Hepatitis B vaccine as required by the University of Detroit Mercy.

---

Date

Signature