



Student Hepatitis B Vaccine Declination

(ONLY if you are declining the vaccine)

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.

I understand that by checking this box I am consenting to electronically sign this document, and that the electronic signature created has the same legal effect as a traditional pen and ink signature.

Signature

Date