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.


I, ____________________________, have decided not to receive injections of Hepatitis B vaccine as required by the University of Detroit Mercy.

(Print Name)

Date __________________ Signature ____________________