DAEMEN COLLEGE HEPATITIS B DECLINICATION FORM



SUBMISSION OPTIONS: ONLINE: <u>daemen.edu/healthupload</u> | FAX: 716.839.8230 OFFICE: Wick 116, CHIP Center | MAIL: 4380 Main St. Box #104 Amherst, NY 14226

All students who choose not to have the hepatitis B vaccination must complete this form and declare in writing that you have declined the vaccination series. Please review, sign and turn in this form as documentation of your declination to Health Services upon completion.

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM), I may be at risk of acquiring hepatitis B virus (HBV) infection. However, I decline hepatitis B vaccination series at this time.

In declining the hepatitis B vaccination series for non-medical reasons, I am aware that I continue to be at risk of acquiring hepatitis B, a serious disease. Failure to comply with institutional infection control policies is unprofessional conduct and may result in removal from the assigned site and/or disciplinary action by the College.

Student's Name (please	print)	
Student's Signature		
Date Signed		

For more information, visit: https://www.cdc.gov/hepatitis/hbv/index.htm