

**St. John Fisher College
Wegmans School of Nursing**

HEPATITIS B VACCINE WAIVER

Name: _____
(please print)

Social Security # or Student ID: _____

Date of Birth: _____

IMPORTANT

Before signing this form, please review the [CDC's Hepatitis B Vaccine Information Statement](#).

I have reviewed information on the Hepatitis B disease and the risks associated with Hepatitis B vaccine. I understand that due to my clinical and occupational exposure to blood or other potentially infectious materials, I may be at risk for acquiring Hepatitis B virus (HBV) infection.

Waiver of immunization:

I have received and reviewed the information pertaining to Hepatitis B. I understand I continue to be at risk of acquiring Hepatitis B but choose to refuse the vaccine at this time.

(signature of student)

(date)