



HEALTH SERVICES CENTER
Call us at 516.877.6000 or fax 516.877.6008

DECLINATION OF HEPATITIS B VACCINE

Date: _____

This is to certify that I, _____; a
(student name)

student of Adelphi University, am refusing the Hepatitis B vaccine against the advice of

(name and title)

Students:

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk for acquiring the Hepatitis B virus (HBV) infection. I decline the Hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk for acquiring Hepatitis B, a serious disease.

I acknowledge that I have been informed of the risks involved, have read the preceding paragraph and hereby release the attending clinician, Adelphi University and any clinical area from all responsibility and any ill effects which may result from my action.

(signature of student)

(student ID or social security number)

(signature of witness)