

**EASTERN OKLAHOMA STATE COLLEGE  
NURSING PROGRAM**

**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 Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at a charge to me. 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 material, and I want to be vaccinated with Hepatitis B vaccine, I may receive the vaccination series.

SIGNATURE:

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DATE:

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