

**Texas Woman's University
Immunization Program**

P.O. Box 425467/Denton, TX 76204-5467
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***Hepatitis B Vaccine
Student Declination Statement***

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 informed of the requirement to be vaccinated with hepatitis B vaccine. 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 can receive that vaccination series at my own expense.

Name (please print)

Date

Signature

TWU ID#