



**DECLINATION OF HEPATITIS B VACCINE  
For Healthcare Programs**

I understand that due to my occupational exposure to human blood, body fluids or other potentially infectious materials, I may be at risk of exposure to the Hepatitis B virus (HBV) and consequently, HBV infection during my lab experience and clinical rotation in association with the Vance Granville Community College Healthcare Programs.

I am choosing to decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of exposure to and infection with the Hepatitis B virus.

If in the future, while I continue to have occupational exposure to human blood, bodily fluids or other potentially infectious materials, and I determine I want to vaccinate against the Hepatitis B virus, I can receive the vaccination series from my healthcare provider. I am also, with the signature below, providing permission for Vance Granville Community College to provide any clinical site with a copy of this signed declination upon request.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor or Coordinator Signature

\_\_\_\_\_  
Date