

**Norwich University
SM/ATE Program**

Hepatitis B Vaccine Declination

Name: _____

ID#: _____

I understand that due to my risk of 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 seek vaccination through a provider at Norwich University. 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 the vaccination series through a provider at Norwich University.

Signature

Date