



DEPARTMENT OF OCCUPATIONAL THERAPY

601 MARTIN LUTHER KING JR DRIVE, WINSTON-SALEM, NC 27110
(336) 750-3185– PHONE • (336) 750-3173 – FAX • calhounad@wssu.edu

HEPATITIS B VACCINE DECLINATION FORM

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 about the risks and understand that by declining the vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I wish to get the vaccination I am free to decide to do so.

Student's Signature

Date