

SHAWNEE STATE UNIVERSITY
DEPARTMENT OF PHYSICAL THERAPY

HEPATITIS B VACCINE CONSENT/DECLINE FORM

Students should complete either part A, B, or C as indicated. This form will be kept with the student's health records in the Department of Physical Therapy.

- A. I have received information regarding the Hepatitis B vaccine from my personal physician and have voluntarily decided to participate in the vaccine program. It is my responsibility to provide documentation of vaccination, from the health care provider of my choice, to the Department of Physical Therapy at Shawnee State University.

Signature

Print name here

Date

- B. I previously completed the Hepatitis B vaccine on _____. Documentation of this is my responsibility to provide to the Department of Physical Therapy at Shawnee State University.

Signature

Print name here

Date

- C. 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). I have been given the opportunity to be vaccinated through my personal physician. However, I decline the 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.

Signature

Print name here

Date