



## HEPATITIS B VACCINATION FORM

STUDENT NAME \_\_\_\_\_ PROGRAM \_\_\_\_\_

### Consent form for Hepatitis B Vaccine

I understand that due to my possible exposure to blood or other potential infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection.

I agree to be immunized against Hepatitis B.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Dates of Immunization	Lot#	Administered by
1 <sup>st</sup> Dose date _____	_____	_____
2 <sup>nd</sup> Dose date _____	_____	_____
3 <sup>rd</sup> Dose date _____	_____	_____

### DECLINATION STATEMENT

### Refusal to accept Hepatitis B Vaccine

I understand that due to my possible exposure to blood or other potentially infectious materials. I may be at risk of acquiring hepatitis B virus (HBV) infection. 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.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

#### MAIN CAMPUS

360 Choate Avenue  
Buffalo, NY 14220  
716-826-1200

2262 Seneca Street  
Buffalo, NY 14210  
716.826.1200

#### EXTENSION CENTER

6681 Transit Road  
Williamsville, NY 14221  
716-827-4300