

Statement of Refusal of Hepatitis B Vaccine

Student Name: _____

PUC ID#: _____

I understand that in the clinical component of my education by the Purdue University School of Nursing, I may be exposed to blood and other body fluids which may put me at risk of acquiring HBV. I understand that the School of Nursing recommends that I be vaccinated with HBV vaccine. However, I decline HBV vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring HBV, a serious communicable disease. I will not hold liable Purdue University Calumet School of Nursing, Purdue University Calumet, or Purdue University if I contract Hepatitis B.

Signature of Student

Date

Printed Name

PUC ID #

Signature of Witness

Date

(Must be signed before submitting to office.)