

PARKLAND COLLEGE HEALTH PROFESSIONS

DECLINATION/ACCEPTANCE STATEMENT FOR HEPATITIS B VACCINE

NAME _____ ID # _____

HEALTH PROFESSION PROGRAM: _____

Check one of the following:

STANDARD DECLINATION:

I understand that due to my risk for exposure to blood or other potentially infectious materials during my clinical experience as a health professions student, I may be at risk for 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. If in the future, I continue to be at risk of exposure to blood or other potentially infectious materials and want to be vaccinated with the Hepatitis B vaccine, I may receive the vaccination at that time.

TITER DECLINATION:

I acknowledge that while attending clinical as a student in a Parkland Health Professions program I am at risk of exposure to Hepatitis B through blood or other potentially infectious materials and while I choose to decline immunization or confirmed immunity via titer at this time, I may complete the 3 immunization series at any time, acknowledging that immunity cannot be verified unless all 3 immunizations have been received, AND a titer indicating a positive result for immunity has been received.

DELAY IN COMPLETION:

I understand that due to my risk for exposure to blood or other potentially infectious materials during my clinical experience as a health professions student, I may be at risk for acquiring hepatitis B virus (HBV) infection. I have begun the Hepatitis B vaccination series at this time but will be unable to complete the series by the deadline provided to me. I understand that I continue to be at risk of acquiring Hepatitis B and understand the importance of completing the series of vaccinations as prescribed. Furthermore, I understand it is my responsibility to complete the series and provide a titer of immunity and upload the documentation of this series at a later date.

Signature _____ Date _____