Center for Health Wellness and Personal Counseling
400 Paramus Road Room HS100
Paramus, NJ 07652-1595
Phone (201) 447-9257
submit form to:
https://lf.bergen.edu/forms/hs0001
email: healthservices@bergen.edu

Hepatitis B Vaccine Acceptance/Declination Form

Due to your occupational exposure to blood or other potentially infectious material (OPIM) you may be at risk of acquiring hepatitis B virus (HBV) infection. Hepatitis B vaccination is **strongly** recommended unless:

1) **Documentation of prior vaccination and post-vaccination titer is provided to Health Services**

2) **Medical evaluation identifies that vaccination is contraindicated.**

I understand that due to my occupational exposure to blood or OPIM I may be at risk of acquiring Hepatitis B virus

Declination Reason:

- I decline because I have received the 3-dose Hepatitis B vaccination in the past. List dates: _____, _____, _____ and **send a copy of the vaccination record and post-vaccine titer***.
- I decline because I have evidence of immunity (send a copy of the antibody titer record*).
- Other reason for declination; explain: _____

***Attach prior vaccination records and/or immunity records**

_____ _____
Signature of Student Date signed

_____ _____
Students name (print) ID #

_____
Program of Study