

BALL STATE UNIVERSITY
SCHOOL OF NURSING

HEPATITUS B IMMUNIZATION WAIVER

I understand that, due to my clinical exposure to blood and other potentially infectious material, I may be at risk for acquiring Hepatitis Virus (HBV) infection. It is recommended that I be vaccinated with Hepatitis B vaccine for a self-paid charge via private physician or at the University Student Health Center. I understand that the HBV vaccination series may not be effective. I also understand that, by declining this vaccine, I am at continued risk of acquiring Hepatitis B, a serious disease.

(Signature Print)

(Date)

(Signature)