

Hepatitis B Declination

I _____ understand fully the clinical requirement for Hepatitis B immunity and decline to receive the immunization series or titer. I fully understand the risk of exposure to Hepatitis B and will not hold North Georgia College & State University, any clinical agency, or individual patient responsible for exposure to or development of Hepatitis B. I understand I have the right to later decide to obtain the vaccines and will provide proof of such for my files.

Student's Signature _____ Date: _____