



**NEW YORK CITY  
COLLEGE OF TECHNOLOGY**

THE CITY UNIVERSITY OF NEW YORK

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**DEPARTMENT OF NURSING**

**A-613**

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**HEPATITIS B VACCINE DECLINATION/IN PROGRESS FORM**

**Hepatitis B Declination**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis virus infection. I have been advised of the importance of being vaccinated with the Hepatitis B vaccination.

I **decline** hepatitis B vaccination at this time. I understand that by declining this vaccination, I could be at risk of acquiring hepatitis B, a serious disease.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series.

**Signature of Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Hepatitis B In Progress**

I am currently in the process of receiving three doses of the Hepatitis B vaccine. I understand that I remain at risk until the series is complete. I understand that proof of Hepatitis B vaccinations should be entered into Castlebranch once they are received.

**Signature of Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_