



Pharmacy Technician Program

Hepatitis B Vaccine Waiver

I understand that due to my occupational exposure to blood or other potentially infectious material I may be at risk of hepatitis B virus infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine; however, I decline the hepatitis B vaccine 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 have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at that time.

Name of Student

Signature of Student

Date