Tai Sophia Institute

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Hepatitis B Vaccination Form for Students

Check one of the following and sign directly below:

- ☐ I have received and reviewed the "Hepatitis B Virus and Vaccination Information Packet" and I wish to receive the HBV vaccine.
  - *Please provide medical documentation when you complete the full vaccination series.*

Printed name Signature Date

- ☐ I have already received the HBV vaccine on_____(date required: month and year completed).
  - *If possible, please provide medical documentation that you received the full vaccination series.*

Printed name Signature Date

- ☐ I have received and reviewed the "Hepatitis B Virus and Vaccination Information Packet" and I decline the HBV vaccine at this time.

I understand that due to my occupational exposure to blood and other potentially infectious materials I may be at risk of acquiring the hepatitis B virus (HBV) infection. I also acknowledge that Tai Sophia Institute requested me to discuss the issue with a medical provider if I had any further questions after reviewing the "Information Packet".

Based on a clear understanding of the hepatitis B virus and the vaccination, I decline to receive the hepatitis B vaccination at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

If, in the future, I decide to have the hepatitis B vaccination series, I will submit documentation to Tai Sophia Institute verifying the vaccination.

Printed name Signature Date

Students may go to Concentra Medical Centers to obtain the Hepatitis Vaccine. Locations and hours: www.concentra.com. No appointment is necessary.