

Lake Superior College
Allied Health & Nursing Division

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Hepatitis B Refusal Form

I understand that during my student clinical experience, I may be exposed to blood or other potentially infectious materials and that I may be at risk of acquiring Hepatitis B (HBV) infection.

However, I decline HBV vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring HBV, a serious disease and have discussed this decision with my health care provider, who has given me the opportunity to ask questions and understand the benefits and risks of the HBV vaccine.

In the future if I choose to be vaccinated with HBV vaccine, I will seek this through my health care provider.

Print Name

Signature

Date