



**Statement of Refusal of Hepatitis B Vaccine**

I understand that in the clinical component of my education by the Governors State University nursing program, I may be exposed to blood and other body fluids, which may put me at risk of acquiring HBV. I understand that the Nursing program recommends that I be vaccinated with HBV vaccine. However, I decline HBV vaccine at this time.

I understand that by declining this vaccination, I continue to be at risk of acquiring HBV, a serious communicable disease. I will not hold liable Governors State University or the Nursing Department, if I contract Hepatitis B.

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER