

VIRGINIA PENINSULA COMMUNITY COLLEGE

HEPATITIS B VACCINATION DECLINATION FORM

I have reviewed the Hep B information sheet and hereby decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease for which there is no cure. I further understand that by declining this vaccine, I absolve Virginia Peninsula Community College and its Affiliated Agencies of any liability in the event I am exposed/contract this disease.

Student Name (Please Print)

Student Signature

Date