

Fullerton Dental Assistant School

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Hepatitis B Vaccine Refusal Vaccine Form

I, _____ understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection.

The risk and Benefits have been explained to me and I have been given the opportunity to be vaccinated with hepatitis B vaccine. However, I decline hepatitis vaccination at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring hepatitis B, a serious and often fatal disease.

If in the future I acquire hepatitis B, I will not hold The Fullerton Dental Assistant School or Eric Meyer D.D.S responsible for my decision to not be vaccinated with the hepatitis B vaccine.

Date

Student Name

Student Signature

Instructor Signature
