



ARIZONA WESTERN
**ENTREPRENEURIAL
COLLEGE**

Nursing Assistant Program
HEPATITIS B VACCINE-EXEMPTION

I wish to be exempt from the Hepatitis B Vaccine because (**initial # one**):

- _____ 1. I have not received the Hepatitis B Vaccine and do not want to receive it now. I understand that due to my nursing program requirements, exposure to blood and other potentially infectious materials may cause me to be at risk of acquiring a Hepatitis B (HBV) infection. I understand that by declining this vaccine, I am at risk of acquiring Hepatitis B, a serious disease. In the future, if I continue to be exposed to blood and other potentially infectious materials, I reserve the right to be vaccinated with the Hepatitis B Vaccine at my own expense.
- _____ 2. I have previously received the Hepatitis B Vaccine series. (Official documentation of the Hepatitis B vaccine series and/or titer is attached to this form.)

Dates: 1. _____ 2. _____ 3. _____

I understand Hepatitis B vaccine may be obtained at my private physician's office, a medical clinic, or the Yuma County Health Dept. at my own expense.

Students Name: _____
(print)

Signature of student

Date