UNIVERSITY OF SAN FRANCISCO
School of Nursing and Health Professions

Hepatitis B Vaccine Waiver

Part 1: To be completed by the student

Last Name: _____ First Name: _____

ID Number: _____ USF E-mail: _____

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. I have been given the opportunity to be vaccinated with the hepatitis B vaccine and wish to declare the following as cause for my exemption, by checking "yes" to the applicable statement:

Part 2: To be completed by the Healthcare Provider

Questions	*Yes*	*No*
1. Does the student have a life-threatening allergy to yeast?	☐	☐
2. Does the student have a life-threatening allergy to any component of the vaccine?	☐	☐
3. Does the student have pervious history of adverse reactions to the Hepatitis B vaccine? *Please specify:* _____/_____/_____	☐	☐
4. Is the student receiving immunosuppressive drug therapy?	☐	☐
5. The student has received his/her first Hepatitis B vaccination series followed by a negative titer. The student has received his/her second Hepatitis B vaccination series followed by a second negative titer.	☐	☐

IF YOU HAVE ANSWERED YES TO ANY OF QUESTIONS 1 THRU 5, PROCEED TO WAIVER OF VACCINE SECTION.

WAIVER OF VACCINATION

WAIVER OF VACCINE – Complete if not eligible to receive vaccine or have no positive titer to the virus.

☐ I am not eligible to receive the Hepatitis B vaccine based on my medical history (questions 1-4).

☐ I have received the two Hepatitis B vaccine series and have *not* developed a positive titer.

I am not eligible to receive the hepatitis B virus vaccine or have not developed immunity to hepatitis B, and I understand my risk and responsibility. I hereby release, hold harmless, and agree to indemnify the University of San Francisco, its staff, and clinical sites from any and all responsibility or consequences which may result from my lack of immunity to the Hepatitis B virus vaccine. I can access a copy, HEPATITIS B VACCINE – WHAT YOU NEED TO KNOW, a vaccine information statement developed by the U.S. Department of Health and Human Services (Centers for Disease Control and Prevention) for detailed information regarding this virus. Further, I understand that my lack of immunity to the Hepatitis B virus may result in the refusal of a clinical placement based on individual clinical partnership contracts.

Student Signature: _____

Date:

Healthcare Provider's Signature

Name: _____ Certification: MD / NP / PA / RN

HCP Signature: _____ ***(Office Stamp)***

Date: _____/_____/_____