

**EMORY UNIVERSITY SCHOOL OF MEDICINE  
WOUND, OSTOMY, AND CONTINENCE  
NURSING EDUCATION CENTER**

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**DECLINATION FORM**

\_\_\_\_\_  
(Print Name)

**HEPATITIS B**

**•If you have not received the vaccine or cannot provide documentation you must sign the following statement:**

I have declined to take the Hepatitis B vaccine, and I am aware of my risk for exposure and of the possible sequelae to Hepatitis B. I hereby accept responsibility for such exposure.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**THE ROBERT W. WOODRUFF HEALTH SCIENCES CENTER**