

ARMSTRONG ATLANTIC STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS
HEPATITIS B DECLARATION FORM

June 2010

Faculty and Students

DEPARTMENT: _____

Name: _____ Please print AASU Student ID: _____
Major: _____

I understand that Hepatitis B is a severe and potentially life threatening illness. Hepatitis B vaccination significantly decreases my risk of being infected by the Hepatitis B virus. Therefore, I agree to take the prescribed series of inoculations and follow-up titer to assess antibody level, and a second series if necessary. I assume responsibility for all arrangements, costs and complications arising from this vaccination procedure.

Signature: _____
Date: _____

I understand that Hepatitis B is a severe and potentially life threatening illness. Hepatitis B vaccination significantly decreases my risk of being infected by the Hepatitis B virus. I understand also that not taking the vaccination may significantly increase my risk of being infected by the Hepatitis B virus. Nevertheless, I elect not to take the prescribed vaccination procedure, and assume responsibility for all arrangements, costs and complications arising from not taking this vaccination procedure.

Signature: _____
Date: _____

I have already received the vaccine.

Signature: _____
Date: _____

Please return this signed form to Graduate Enrollment Services, 2nd Floor, Victor Hall, 11935 Abercorn Street, Savannah, GA 31419-1997
912.344.2798, Fax: 912.344.3488, E-mail: graduate@armstrong.edu