EASTERN SCHOOL OF ACUPUNCTURE AND TRADITIONAL MEDICINE

VACCINATION DECLINATION FORM

Date: _____

Student Name: _____

I understand that my participation as a student clinician in the ESATM Student Clinic will expose me to potential infectious materials such as blood, used needles and/or other various fluids and materials.

It has been explained to me and I have been given the opportunity to be vaccinated with the Hepatitis B vaccine.

At this time, I decline to avail myself of the Hepatitis B vaccination.

I fully understand that there is a continuing danger to exposure to infected blood or other potentially infectious materials and that I can request and receive the Hepatitis B vaccination series at ESATM's discretion and designated doctor.

_____ _____

Student Signature Date

_____ _____

Administrator Date

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