



CONNECTICUT TECHNICAL EDUCATION
AND CAREER SYSTEM

Full-Time Adult Education Student Acceptance Package

Phase II

Note: The following form is not to be completed and returned unless you are accepted into a program.

REFUSAL FOR USE OF HEPATITIS B VIRUS VACCINE

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. However, I decline hepatitis B vaccination at this time. I understand that by declining this hepatitis B vaccination at this time, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can then receive the vaccination series.

NAME: _____

DATE: _____

WITNESS: _____

DATE: _____