

**SANTA BARBARA CITY COLLEGE  
HEALTH TECHNOLOGIES PROGRAMS**

**HEPATITIS B VACCINE DECLINATION (WAIVER)**

I have been informed, and understand, that due to my participation in this program and possible exposure to blood and/or other potentially infectious materials that I am at risk of acquiring Hepatitis B virus (HBV). I have been advised to be immunized with Hepatitis B vaccination. However, I decline the Hepatitis B vaccination and understand that by declining, I continue to be at risk of acquiring Hepatitis B, which is known to be a serious disease.

Signature: \_\_\_\_\_

Student Name (print): \_\_\_\_\_

Date: \_\_\_\_\_