



**MACOMB COMMUNITY COLLEGE
HEALTH & HUMAN SERVICES**

Informed Refusal

1. I understand that I have been identified by Macomb Community College as a high-risk and/or at-risk student because of my exposure to blood, blood products or other infectious body fluids during the course of my clinical experiences required for the _____ program.
2. I have received information stating that hepatitis B infection is one of the major infectious occupational hazards for health care workers and that risks among health care professionals are often highest during the professional training period.
3. I understand that immunization for hepatitis B infection will not provide immunity from other forms of hepatitis (hepatitis A or non-A, non-B).
4. I have been informed by my physician of the known risks, possible side effects and possible adverse reactions related to the hepatitis B vaccine.
5. I understand that a series of three (3) intramuscular doses is needed, with the first and second dose administered one (1) month apart and the third dose administered six (6) months respectively after the first; and that optimal protection is not conferred until after the third dose.
6. I understand that after the series of three (3) injections, 90% of the healthy adults develop protective antibodies, and that the duration of protection and need for booster doses is not yet determined.
7. Paragraph 1 above has been specifically pointed out to me, and I am aware that the hepatitis B vaccine offers possible increased immunity against infection from the hepatitis B virus.
8. I also understand that an affiliating agency may not allow me to practice as a student without verification of hepatitis B immunity or initiation of the immunization series.

Nevertheless, in consultation with my physician, I have declined to undergo the hepatitis B immunization series. I also understand that if I change my mind and decide to be immunized, it is at my own expense.

Signature

Date

Typed or printed name