



HEPATITIS B (Surface Antibody)  
WAIVER/DECLINATION

To Whom It May Concern:

I, \_\_\_\_\_ choose not to have the Hepatitis B Vaccine/Titer. I understand declining the vaccine/titer may affect my ability to secure a clinical placement.

STUDENT'S NAME \_\_\_\_\_

(Please Print)

STONY BROOK ID # \_\_\_\_\_

PROGRAM \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_