STATE UNIVERSITY OF NEW YORK AT STONY BROOK HEALTH SCIENCES CENTER SCHOOL OF NURSING

HEPATITIS B WAIVER

STUDENT'S NAME	
	(please print)
SB ID #	DATE
PROGRAM	
To Whom It May Concern:	
Ι,	choose not to have the Hepatitis B vaccine.
(signature)	The state of the repairing by vaccine.

Original: Student Health Services Cc: Student File