

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:

I, \_\_\_\_\_ choose not to have the Hepatitis B vaccine.  
(signature)