

Armstrong Atlantic State University  
School of Health Professions  
Application for Admission

**Hepatitis B Declaration Form**

Name: \_\_\_\_\_ SID: \_\_\_\_\_

I understand that Hepatitis B is a severe and potentially life threatening illness. Hepatitis B vaccination significantly decreases my risk of being infected by the Hepatitis virus. Therefore, I agree to take the prescribed series of inoculations and follow-up titer to assess antibody level, and a second series if necessary. I assume responsibility for all arrangements, costs, and complications arising from this vaccination procedure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I understand that Hepatitis B is a severe and potentially life threatening illness. Hepatitis B vaccination significantly decreases my risk of being infected by the Hepatitis virus. I understand also that not taking the vaccination significantly increases my risk of being infected by the Hepatitis B virus. Nevertheless, I elect not to take the prescribed vaccination procedure, and assume responsibility for all arrangements, costs, and complications arising from not taking those vaccinations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I have already received the Hepatitis B vaccination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form with your Graduate Nursing Application Packet. If you have any questions please contact the Graduate Program in Nursing (912) 344-2553.