



School of Nursing

Vaccine Declination Document

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk for acquiring potential infections. However, I decline taking the:

- Hepatitis B Vaccines
- Varicella Vaccine
- Rubella Vaccine
- Rubeola Vaccine
- Mumps Vaccine
- Flu Vaccine

I understand that by declining the vaccines identified above, I remain at risk of acquiring a serious disease. Further, I release the Southern University School of Nursing (or any agency in which I attend clinical) of any responsibility for any consequences of this decision.

Student's Name

U Number

Student Signature

Date