

DECLINATION STATEMENT: Refusal of Collection of Blood Sample for Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) Testing.

This statement of declination of the collection of a blood sample for HBV and HIV testing should be signed by the student/faculty who chooses not to obtain the testing for HBV and HIV. The statement should be signed by the student or faculty following appropriate counseling regarding the benefits for testing for HBV and HIV.

I understand that due to my occupational exposure to blood or other potentially infectious material(s) I may be at risk of acquiring Hepatitis B Virus (HBV) infection or HIV. I have been counseled regarding the benefits of testing. However, I decline testing at this time. I understand that I continue to be at risk of acquiring Hepatitis B or HIV, two very serious diseases.

Signature Date

Witness

DECLINATION STATEMENT: Refusal of Confidential Medical Examination

This statement of declination of a confidential medical examination should be signed by the student/faculty who chooses not to obtain the medical examination. The statement should be signed by the student or faculty following appropriate counseling regarding the benefits of the medical examination and the referral of a physician from the Kennesaw State University listing of Workers Compensation Physician Panel.

I understand that due to my occupational exposure to blood and other potentially infectious material(s) I may be at risk of acquiring Hepatitis B Virus (HBV) infection or Human Immunodeficiency Virus (HIV). I have been counseled regarding the benefits of a medical examination. However, I decline the medical examination at this time. I understand that I may be at risk of acquiring Hepatitis B or HIV, two very serious diseases.

Signature Date

Witness

DECLINATION STATEMENT: Refusal of Hepatitis B. Vaccination

This statement of declination of Hepatitis B vaccination should be signed by the student/faculty who chooses not to obtain the vaccine. The statement should be signed by the student or faculty following appropriate training regarding Hepatitis B. and the benefits of vaccination.

I understand that due to possible exposure to blood or other potentially infectious material(s) I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given information regarding Hepatitis B and the benefits of vaccination. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease.

Signature Date

Witness