VANDERBILT UNIVERSITY SCHOOL OF NURSING
Hepatitis B Waiver for DNP Students

Name: _____ _____ _____
Last *First* *MI*

Date of Birth: _____ Phone: _____
Month/Day/Year

The General Assembly of the State of Tennessee mandates that any student enrolled in a higher education institution, who is a student in a school of nursing, shall present proof of adequate immunization against hepatitis B before such trainee is expected to perform procedures with the potential to expose themselves to potentially infectious blood. Adequate immunization is defined as: a) a complete hepatitis B vaccine series or, b) laboratory evidence of immunity or infection.

A student may be exempted from the hepatitis B vaccine series in the best professional judgment of their physician, under the following circumstances: a) the student meets the criteria for contraindication set forth in the manufacturer's vaccine package insert, OR b) the student meets the criteria for contraindication published by the U.S. Centers for Disease Control or the Advisory Committee on Immunization Practices (ACIP), OR c) due to the student's medical condition and history, the risk of harm from the vaccine outweighs the potential benefit. A student that needs a medical exemption approved, must upload documentation of circumstance a, b or c, that is signed by a physician, to the hepatitis B requirement in the student's Castle Branch account.

I understand that **I can revoke this waiver at any time by contacting,** (615) 343-3294 or lisa.boyer@vanderbilt.edu.

Please initial the applicable statement to waive the hepatitis B vaccine:

_____ I affirm, under the penalties of perjury, receiving the hepatitis B vaccine conflicts with my religious tenets and practices.

_____ I affirm, under the penalties of perjury, I will not perform any procedure with the potential to expose myself to blood while a student of Vanderbilt University School of Nursing. I will contact, lisa.boyer@vanderbilt.edu, to reject this waiver and upload to Castle Branch proof of a complete hepatitis B vaccine series or, laboratory evidence of immunity ***prior*** to any potential blood exposure while a student at Vanderbilt University School of Nursing.

X _____ _____
*Signature of **Student*** *Date*

For more information about the hepatitis B disease and vaccine, please contact your local health care provider or consult the Centers for Disease Control and Prevention website.

Revised 3/14/2018