



COLLEGE OF PROFESSIONAL STUDIES
NURSING DEPARTMENT

HEPATITIS B WAIVER

Instructions: Please complete section 1, 2 or 3 depending on type of waiver requested. Place your initials on the appropriate line. Submit signed form and documentation to Immunization Tracker for review.

1. WAIVER FOR INCOMPLETE HEPATITIS B SERIES

I understand New Jersey Statute (N.J. Stat. § 18A:61D) requires full-time college students obtain the Hepatitis B vaccine and all Nursing students are required to obtain the Hepatitis B vaccine. I am in progress with the completion of the Hepatitis B vaccine series and have attached evidence of initiation of Hepatitis B vaccine.

_____ Incomplete Hepatitis B Series. I expect to complete the series by _____.
(date)

2. WAIVER FOR MEDICAL REASONS

I understand New Jersey Statute (N.J. Stat. § 18A:61D) requires full-time college students obtain the Hepatitis B vaccine and all Nursing students are required to obtain the Hepatitis B vaccine. I am not able to complete these requirements due to the following medical reasons:

- _____ Allergy to vaccine or vaccine component
- _____ Medical condition
- _____ Pregnancy
- _____ Breastfeeding
- _____ Non-responder

I am requesting a medical exemption. Medical condition, allergy, and pregnancy must be accompanied by medical documentation from the Primary Care Provider. Documentation must include the reason and length of the waiver.

3. WAIVER FOR RELIGIOUS EXEMPTION

I understand New Jersey Statute (N.J. Stat. § 18A:61D) requires full-time college students obtain the Hepatitis B vaccine and all Nursing students are required to obtain the Hepatitis B vaccine. I am requesting a religious exemption as this vaccine conflicts with my religious beliefs.

_____ Religious Exemption

I certify the above is accurate and true. I understand that as a part of my clinical work, I may be exposed to blood or other potentially infectious materials and therefore may be at risk of being infected by the Hepatitis B virus. I am responsible to report any possible exposure as soon as I am aware of the occurrence and comply with the Nursing Department policies as set forth in the BSN Student Handbook.

Name: _____
(print)

Student ID#: _____

Signature: _____

Date: _____