

**KEAN UNIVERSITY
DEPARTMENT OF NURSING
MORRIS AVENUE
UNION, NJ 07083**

HEPATITIS B VACCINE WAIVER STATEMENT

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
SS# _____
HOME PHONE _____

I DECLINE TO RECEIVE THE HEPATITIS B VACCINATIONS.

SIGNATURE: _____
DATE: _____