



## **DECLINATION OF VACCINATION**

**U.S. Nursing applicant to complete the following:**

### **HEPATITIS B VACCINATION DECLINATION**

I, \_\_\_\_\_, understand that I have been requested to supply proof of Hepatitis B Vaccination or agree to the vaccination prior to placement with U.S. Nursing, LLC. However, I decline the Hepatitis B Vaccination. I understand that I cannot be placed at a U.S. Nursing, facility that requires the Hepatitis B Vaccination.

I agree to hold harmless both facility and U.S. Nursing, their owners, directors, employees, staff, and agents, from any and all liability arising out of my refusal of the Hepatitis B Vaccination.

Signature \_\_\_\_\_

Date \_\_\_\_\_