

STUDENT RELEASE STATEMENT: HEPATITIS B VACCINE

I, _____, the undersigned, have received, read, and understand the programs
(please print)
HIV/Hepatitis Policy. I have been informed about the risks of Hepatitis B and the need for active immunity. I have
elected **NOT** to be immunized against Hepatitis B and am releasing the College and any clinical agency to which I
am assigned of liability in the event I contract the disease.

Student Signature

Student ID Number

Date

MEDICAL HISTORY:

Current Medication: (Please list prescription and non-prescription drugs and indicate any precautions necessary.)

Emotional or Physical Conditions which would interfere with the student's attendance and progress in campus or clinical
settings? (Please specify)

I certify that I have examined the student and have found him/her to be in good mental and physical
condition.

Signature of Practitioner

Date

Please Print Practitioner's Name

Address: _____
Street City State Zip

Phone: () _____

THIS FORM IS VALID FOR ONE YEAR FROM DATE SIGNED.