

Hepatitis B Vaccine Declination Form and Release

I, _____ am enrolled in the
please print name

_____ program at Oakton

College for the Fall Spring Summer, 20_____.

I understand that in the course of my studies and clinical work through the Health Career Program, I will be exposed to blood and other potentially infectious materials and therefore may be at **significant risk** of acquiring hepatitis B virus (HBV) infection. I also understand that the Centers for Disease Control and Prevention **strongly recommend** hepatitis B vaccine for health care workers. I have been given the opportunity to be vaccinated with hepatitis B vaccine.

I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at **high risk** of acquiring hepatitis B, a serious disease. I also understand that if I am not vaccinated, some of the health career clinical sites may not accept me, which will decrease my choices for my clinical experience. I also release and discharge Oakton College from any and all claims or causes of action should I acquire or contract HBV while working at my assigned clinical site. I have read and understand all of the terms incorporated in this Declination Form and execute it voluntarily and unconditionally.

I am in the process of receiving the three-shot hepatitis B vaccination series and am aware that I must submit documented proof of these vaccines to Oakton's Health Services.

Signature _____ Date _____