



ALLIED HEALTH PROGRAMS

VACCINATION DECLARATION

(PRINT) Student Name _____ Date _____

Hepatitis B Vaccination Declination

I understand that due to my exposure to blood or other potential infectious materials during the

Student Handbook, include the Hepatitis B vaccination series as part of the program's requirements. I have been encouraged by the faculty to be vaccinated with Hepatitis B vaccine;

vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. By signing this form, I agree to assume the risk of a potential exposure to Hepatitis B virus and hold the Maricopa Community College Allied Health Program as well as all health care facilities I attend as part of my clinical experiences harmless from liability in the event I contract the Hepatitis B virus.

Student Signature

Date