



Student Health Services
Katie Swegarden, RN, BSN Coordinator
851 30th Avenue Southeast
Rochester, MN 55904-4999
Phone: (507) 285-7261

Hepatitis B Vaccination Verification

Name _____ Date _____

I understand that as a student enrolled in a health profession, I may be at risk for exposure to blood or other potential infectious materials and I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been advised to receive a primary series of Hepatitis B vaccinations.

I: (Check one)

_____ plan to receive the series of Hepatitis B vaccinations. I understand that these vaccinations are available at Olmsted County Health Department or through my primary provider. I also understand that I am responsible for the full cost of the vaccinations. I agree to provide Student Health Services with the dates I receive these vaccinations.

_____ have started or completed the series of Hepatitis B vaccinations and need _____ additional doses.

1st dose date: _____

2nd dose date _____

3rd dose date: _____

I agree to provide Student Health Services with dates of subsequent vaccinations when they are received.

_____ have a medical contraindication (type _____) for receiving Hepatitis B vaccine and cannot receive the vaccinations.

_____ have a temporary condition (type _____) that prohibits me from receiving Hepatitis B at this time. I plan to begin the vaccinations at a future date and will provide Student Health Services with this date as well as the dates of subsequent vaccinations.

Signature _____ Date _____



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Hepatitis B Immunization Waiver Form

Name

Program

As a student enrolled in the above-stated program, I have been informed of the Hepatitis B Virus. This information included how the virus is transmitted, complications that may occur if I am exposed and that a vaccine is available that would give me over 90% protection against this virus. I have also been informed that receiving the vaccine is strictly a voluntary choice and is not required to be a student in the above-stated program, but that it has been strongly recommended.

At this time I have voluntarily made the decision not to be immunized against the Hepatitis B Virus. In making this decision, I accept full responsibility for my decision and understand that the OSHA regulations require only health care facilities to make available for their own employees. Since I am not an employee of the Rochester Community and Technical College, in no way may I bring charges against the College if I am exposed to the Hepatitis B Virus during my education.

Signature

Date

Please be informed that this signed waiver form will be placed in your student file. A copy of this form will be given to you upon request.