

Hepatitis B Waiver

Student Name: _____
(Please print!)

Date: _____

School: _____

Program _____

Hepatitis B Series is **HIGHLY RECOMMENDED** for any student enrolled in a health related field where there is risk of exposure to blood or other potentially infectious materials.

I, _____, understand during my student training that I may be exposed to blood or other potentially infectious materials and may be at risk of acquiring hepatitis B virus (HBV) infection. However, I decline Hepatitis B vaccination at this time. I acknowledge and assume the risks associated with my voluntary decision to decline Hepatitis B vaccination. I waive any and all claims, known or unknown, against Cleveland Clinic Foundation, its agents, assigns and affiliates (collectively, "CCF") stemming from this decision. I further hold harmless and indemnify CCF for any such claims."

Student Signature

Date