

Hepatitis B Vaccination Waiver

Healthcare Training & Career Consultants, Inc. strongly recommends that program participants attending Nurse Aide Training programs and other Healthcare Vocational Training programs contact their family physician and begin the three-vaccination sequence for hepatitis B. Clinical agencies are requiring documentation of the complete Hepatitis B series or proof of refusal to take the vaccine. Failure to submit this document will result in the participant being denied entrance into the clinical setting. If you have completed or started the Hepatitis B Series, it should be indicated on your physical form. If you will not be obtaining a Hepatitis B Series, you are required to complete this waiver form and return it to the Healthcare Training & Career Consultants, Inc. Office. This information must be submitted prior to the Clinical Training.

I understand that as part of my clinical experiences, I may be exposed to blood or other potential infectious materials and that, as a result, I may be at risk of being infected by the Hepatitis B virus. I understand that Hepatitis B is a severe and potentially life threatening illness and that taking the Hepatitis B Series would significantly reduce my risk of being infected by the Hepatitis B virus. Knowing and understanding the risks of exposure, I have elected not to take the Hepatitis B Series at this time.

Participant Information (please print):

Last Name _____ First Name _____

Date of Birth _____

Program: (Check All that Apply)

- Nurse Aide Training Program (CNA I)
- Patient Care Technician Program (CNAII)
- Phlebotomy Training Program
- Restorative Nursing Training Program

Participant Signature _____ Date _____

