Washington State Community College
Health Sciences

Hepatitis B Vaccine Statement

Hepatitis B is a serious viral infection affecting the liver. Health care workers have a risk of contracting the disease through exposure to blood and body fluids. The Center for Disease Control and OSHA strongly recommend that health care workers be immunized against contracting Hepatitis B by receiving a series of three immunizations.

Students are not required to receive the Hepatitis B immunizations but some health care facilities do want to know if students using the facility for clinical learning experiences have had the immunizations. The cost of the immunizations is the responsibility of the student.

Please complete the appropriate section of this form and return it to the appropriate Program Director.

____ I have received the series of three Hepatitis B vaccinations:

1st dose: Date_____ Given by_____
2nd dose: Date_____ Given by_____
3rd dose: Date_____ Given by_____

_____ _____
Student Signature Date

____ I am in the process of acquiring the Hepatitis B vaccine as listed and will notify the Director as the series is completed:

1st dose: Date_____ Given by_____
2nd dose: Date_____ Given by_____
3rd dose: Date_____ Given by_____

_____ _____
Student Signature Date

____ I am fully aware of the risks of exposure to the Hepatitis B virus in the clinical environment. I have chosen ***NOT*** to receive the series of Hepatitis B vaccine.

_____ _____
Student Signature Date