

## 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 that, during my student training, I may be exposed to blood or other potentially infectious materials and may be at risk of acquiring hepatitis B virus (HBV) infection. However, at this time, I have either declined to be vaccinated against HBV, or I have been vaccinated, but decline to submit positive HBV titers that would document immunity.

I acknowledge and assume the risks associated with my voluntary decision not to submit positive HBV titers that would document immunity whether or not I am vaccinated. 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