

Hepatitis B Waiver

Student Name:	
	(Please print!)
Date:	
School:	
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Program	
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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