

### Hepatitis B Vaccination/Titer Waiver

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

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 or Hepatitis B antibody titer at this time, as indicated below. I acknowledge and assume the risks associated with my voluntary decision to decline Hepatitis B vaccination or Hepatitis B antibody titer. 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.

I am declining (check one):

Hepatitis B vaccination

Hepatitis B antibody titer

Signature: \_\_\_\_\_ Date: \_\_\_\_\_