

STUDENT VACCINATION DECLINATION FORM

I understand that due to my possible occupational exposure to blood or other potentially infectious materials during my clinical training. I may be at risk of contracting Hepatitis B Virus (HBV). It has been recommended that I receive the Hepatitis B vaccination series, at my own cost, from a physician or medical facility of my choice. However, I decline to have the Hepatitis B vaccination at this time. I acknowledge that the choice not to be vaccinated is my choice and that I have exercised my own free will in choosing not to receive the vaccine, and in therefore assuming the risk that I may contract the disease.

As a condition of the right to participate in the clinical training of my program, I personally assume all risks incident to the possibility of occupational exposure and I do hereby specifically waive and release any claim I might have or claim that I have against Harris Training Institute as a result of contracting the disease. I understand that this waiver and release shall apply to any liability, loss, damage, claim, demand, action, cause of action, or cost of any kind, nature or sort that may or could arise in connection with my exposure to the disease. I do specifically agree to indemnify and hold Harris Training Institute harmless against all loss, which it might incur should I contract the disease.

Prior to signing this documents, I have had adequate opportunity to read the vaccination protocol, to ask questions about it, and to understand it, and any questions I have had been answered to my satisfaction.

I further state that I am ____ years old and competent to sign this document.

Student's Signature

Date

NOTE: If the student is younger than eighteen (18), a parent's signature is required.

I am the parent or guardian of the student identified above who is under eighteen years of age. I have carefully read the vaccination protocol, fully understand its contents, agree to its terms, and sign it voluntarily on behalf of my child. In consideration of the right for my child to participate in the clinical training of his/her program, we personally assume all risks incident to the possibility of occupational exposure.

Given the decision to refuse the opportunity to be vaccinated, I do hereby specifically waive and release any claim my child might have or claim that I have against Harris Training Institute as a result of contracting the disease. I understand that this waiver and release shall apply to any liability, loss, damage, claim, demand, action, cause of action, or cost of any kind, nature or sort that may or could arise in connection with my child's exposure to the disease I do specifically agree to indemnify and hold Harris Training Institute harmless against all loss it might incur should my child contract the disease.

Parent's Signature

Date