

Hepatitis-B Vaccination Waiver Form

I understand that as a student enrolled in the Monterey Peninsula College's EMMS 170AB class, I may be exposed to infectious diseases or blood-borne pathogens such as the hepatitis-B virus. I further understand that because of this exposure, I may acquire the hepatitis-B virus or another infectious disease.

Community Hospital of Monterey Peninsula and its faculty strongly recommend that you receive the hepatitis-B Vaccination.

Even though I have been informed of the potential risk, I decline to receive the vaccination at this time. I realize that by declining to have the vaccination, my clinical experiences may be limited/refused. Community Hospital of Monterey Peninsula does not accept responsibility for this, because the immunization policy is a requirement of the affiliating clinical agencies and not that of Community Hospital of Monterey Peninsula

I further realize that without the immunization, I remain at risk for acquiring the disease for which the immunization is indicated. Community Hospital of Monterey will not assume any cost or charges if I decide to receive the immunization now or in the future.

Print Student Name

Student Signature

Date: