



HEPATITIS B FORM

I have read and understand the information provided to me regarding hepatitis B. I understand both the clinical course of the disease and its risks and hazards, and the vaccination and its usual and most frequent risks and hazards. I have discussed any concerns or questions with my program director. To the best of my knowledge I am not pregnant; if I am pregnant, I have consulted my private physician and obtained written authorization for vaccination (a copy of which is attached to this consent).

I understand there is no guarantee that vaccination will be effective or that my vaccination will be free of side effects. I understand that my participation in the hepatitis B vaccination program is entirely voluntary, although recommended for me, because I participate in a clinical environment at Lindenwood University that presents a reasonable anticipation of my exposure to potentially infectious materials.

In reference to the **Hepatitis B** virus vaccination series, I choose to:

Provide proof of HBV series (submitted with immunizations)

Attain the HBV series and provide proof prior to August 1st.

*I understand that it is my responsibility to locate a clinic/physician capable of administering the vaccine and it will be my financial obligation in funding the vaccine series.

Reject the HBV series

Signature of Applicant:

Date: