

**BELLEVUE COLLEGE
HEALTH CARE PROGRAMS**

LIABILITY RELEASE-ASSUMPTION OF RISKS FORM

I have read the Health Care Programs Information about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination as well as the risks of not receiving the vaccination. I do not wish to receive the vaccination series at this time and voluntarily assume the risks inherent in not receiving the vaccine series and hereby further release Bellevue College District No. 8, its officers, employees and agents from any and all liability, loss or damage that I may suffer or incur from whatever source in the event of any actual or potential exposure or infection due to my decision not to receive the vaccination.

STUDENT HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been advised of the importance of being vaccinated with Hepatitis B vaccine from a licensed health care provider. However, I decline Hepatitis vaccination at this time. I understand that by declining, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I understand that I will need to receive the vaccination series from a licensed health care provider.

Printed Name of Student

Signature of Student

Date

Signature, Witness

Date

NOTE: IF YOU ARE DECLINING THE HEPATITIS B VACCINATION, PLEASE KEEP A COPY OF THIS WAIVER FOR YOUR OWN RECORDS.