

**Waukesha County Technical College**  
**NURSING ASSISTANT STUDENTS**

**HEPATITIS B ACKNOWLEDGEMENT AND RELEASE FORM**

I hereby acknowledge that I have received and reviewed the information provided regarding Hepatitis B and the Hepatitis B vaccine. I understand that I assume the risk of infection from communicable diseases, including Hepatitis B from my clinical experience.

I understand that the vaccine **is required for all students enrolled in Nursing, RN/LPN Update students, Allied Health and Early Childhood programs.** I also understand that I will obtain the Hepatitis B vaccine from my own health care provider or the Community Nursing Clinic, and it will be my responsibility to pay the cost of the series of three (3) injections.

I understand that all medical bills associated with injuries or contracting a communicable disease during my clinical education are my responsibility; neither WCTC nor the affiliating agencies have an obligation to pay my medical expenses.

Please **initial** one of the following:

\_\_\_\_\_ I have received or am in the process of completing the Hepatitis B vaccine and verification is attached.

Date: #1. \_\_\_\_\_ #2. \_\_\_\_\_ #3. \_\_\_\_\_  
Hepatitis B titer: Date drawn: \_\_\_\_\_ Results: \_\_\_\_\_

**OR**

\_\_\_\_\_ I have read the preceding statement regarding Hepatitis B and the Hepatitis B vaccine. I am aware of my responsibilities and \*\*\* I elect not to receive the vaccine.

**Signature:** \_\_\_\_\_

Student's Name \_\_\_\_\_ SS# \_\_\_\_\_  
(Please Print)

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

Program \_\_\_\_\_

***This form must be signed and returned to the Community Nursing Clinic before your program begins.***