



HARMONY HEALTH CARE INSTITUTE, INC.

HEPATITIS B VACCINE REFUSAL AND ACKNOWLEDGMENT OF RISK AND RELEASE

As a nursing student, I understand that my clinical experience may expose me to blood and other potentially infectious materials. Consequently, I may be at risk of becoming infected by Hepatitis B virus. I also understand that Hepatitis B infection is a severe and potentially life threatening illness and taking the Hepatitis B vaccination series could significantly reduce my risk of becoming infected. Nevertheless, I have elected not to take the Hepatitis B vaccination series and assume full responsibility for any complications that may arise from not taking the Hepatitis B vaccination series. Therefore, I agree to release, discharge, indemnify and hold harmless Harmony Health Care Institute, its trustees, officers, employees, representatives, and its affiliated facilities where I may receive my clinical training, for any and all costs, liabilities, expenses, claims, demands, or causes of action arising out of/or resulting from my declining the Hepatitis B vaccination series.

STUDENT NAME _____

STUDENT SIGNATURE _____

DATE: _____

WITNESS NAME _____

WITNESS SIGNATURE _____

DATE: _____