



Hagerstown Community College
Health Training Programs

Agreement/Waiver for Hepatitis Vaccination

I, _____, have spoken with my physician, _____, and I have decided, with his/her recommendation, to proceed with a hepatitis vaccination. I understand that this includes three separate inoculations and follow-up blood testing for positive antibodies.

I, _____, have spoken with my physician, _____, and have decided with his/her recommendation to waive inoculation of the hepatitis vaccination.

I, _____, further release Hagerstown Community College of all legal and medical obligations in relation to vaccination for hepatitis.

I have already received this inoculation and have completed the series as of _____ (Date).

I, _____, release Hagerstown Community College of any future complications that may result from the hepatitis vaccination.

Today's Date

Faculty Signature