



**Hagerstown Community College
Agreement/Waiver for Hepatitis Vaccination**

Please discuss the Hepatitis vaccination with your physician if you have not had the vaccine.

Students are responsible for the accuracy of this information. Omitted or inaccurate information will be considered a violation of the HCC Honor Code and can result in the student's dismissal from the program.

Please read below and sign only 1 option accordingly.

1. 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.

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

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

Please read below and sign all.

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

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

Student Print Name: _____

Today's Date

Faculty Signature

