



Waiver

Hepatitis B

I understand that my clinical experience while at Andrews University may result in inadvertent exposure to the Hepatitis B virus. I understand the potential health risks of Hepatitis B exposure and the methods available to decrease my risks.

I understand that receiving the vaccine is strongly recommended by departmental personnel, by the Michigan Department of Health and the Center for Disease Control for anyone at risk, and that declining the vaccine could result in a potentially fatal illness.

_____ I have not yet completed the series of three injections, but choose to participate in clinical experiences at my own risk.

_____ I decline the vaccine.

I hereby release Andrews University and all employees and the Board of Trustee members of the university, clinical affiliates and their employees and Board of Trustee members, from liability in the event that I become infected with the Hepatitis B virus.

Name (Print)

Student ID

Signature

Date

Witness

Date