

RESCUE TRAINING, INC.

ORLANDO CAMPUS

Hepatitis B Declination

Student Name: _____

SSN: _____

I understand that, as a student in the medical field, I will be exposed to blood and other potentially infectious materials during my training. Specifically, I risk acquiring Hepatitis-B (HBV Infection).

I am aware of the risk associated with refusing to be vaccinated for Hepatitis B. However, I decline vaccination at this time and understand the possible consequences of this decision.

I hereby release RESCUE TRAINING, INC. from any and all liability associated with this refusal.

Student: _____

Date: _____

Witness: _____

Date: _____