HEPATITIS B VACCINATION RESPONSE FORM

As a student assisting and performing acupuncture in the student clinic and in other clinical sites, you may potentially be exposed to the Hepatitis B virus, which can be a serious disease. The information sheet provided is to inform you about the disease and to acknowledge the potential risk for you as an acupuncture and Oriental medicine student so that you may choose to get the vaccine if you wish to protect yourself.

Check the box and sign below:

I have:

☐ received the information regarding Hepatitis B and I understand the risks of not receiving this vaccine.

Signature: __________________________________________ Date: ________________________

name of student

Print Student's name: _________________________________ Student ID# ____________________