

**DEPARTMENT FOR WORKFORCE INVESTMENT  
OFFICE OF CAREER & TECHNICAL EDUCATION**

**Hepatitis B Information Form**

**UNIVERSAL PRECAUTIONS  
HEPATITIS B PROGRAM**

**STUDENT**

NAME: \_\_\_\_\_

I acknowledge that I have been informed of the Occupational Safety and Health Administration (OSHA) Standard on blood-borne pathogens that makes universal precautions mandatory in all healthcare settings.

Student's Signature: \_\_\_\_\_

I understand that due to my clinical exposure to blood or other potentially infectious materials during my educational program, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been informed that OCTE recommends that I take the hepatitis B vaccination prior to entering the clinical site. I understand that by declining this recommendation to take the hepatitis B vaccine, I will be at risk of acquiring hepatitis B, a serious disease. I understand that if, in the future, I want to be vaccinated I can take the vaccine series at any time. If I choose to do this, I will furnish OCTE with proof of vaccination within 10 days of taking the vaccination.

Student's Signature: \_\_\_\_\_

**-OR-**

I had the hepatitis B vaccination on \_\_\_\_\_ and have submitted proof of vaccination to OCTE (documentation attached).

Student's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**TO BE SIGNED BY LEGAL GUARDIAN IF STUDENT IS A MINOR.**

As the legal guardian of the above named student, I understand and agree to the above conditions for enrollment.

Guardian's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_