



Broward Community College

Limited Access Programs

Vaccination Declaration/Declination Form

Name _____

Program _____

I have been advised that the hepatitis B vaccination is required for entry into one of the limited access health science programs. I understand that due to the possible occupational training exposure to blood or other potential infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection.

Please check one of the following:

- I have completed the hepatitis B vaccination series
(must submit documentation)
- I am currently in the process of hepatitis B vaccination and have received _____ vaccination(s) at this time
(must submit documentation)
- I decline to be vaccinated at this time.

I am aware that I can waive the hepatitis B vaccination requirement only by signing this Vaccination form. In that case, I continue to be at risk of acquiring hepatitis B, a serious disease.

In the future, should I decide to receive the hepatitis B vaccination, I will provide documentation of this to the Associate Dean of the program in which I am admitted/enrolled.

Student Signature _____ Date _____

Parent Signature (if under 18 years) _____ Date _____