

Portland Community College
Dental Programs
Student Release Form

I, _____, hereby acknowledge that I have received and reviewed information provided to me by Portland Community College regarding communicable diseases, Hepatitis B and the Hepatitis B vaccines. I further represent that all questions I have regarding these diseases and the vaccines available have been satisfactorily answered for me.

I agree, acknowledge and understand that receiving the Hepatitis B vaccine is highly recommended for people that have contact with blood and body secretions, such as health care workers. With knowledge of this, I hereby release Portland Community College, its employees, and teaching affiliates from any type of liability in the event that I become infected with Hepatitis B virus for the following reason: (Check one)

_____ I have begun, but not completed the entire series of three injections of Hepatitis B vaccine. I will complete the series in _____ (month, year)

_____ I have chosen to decline receipt of the Hepatitis B vaccine for personal reasons.

_____ I have chosen to decline receipt of measles/chicken pox vaccine for personal reasons.

Student's name _____ Program _____

Signature _____ Date _____