

Health Science Technology Education Unpaid Work-Based Learning Health Clearance

Student Name _____ ID# _____

SS# _____ Date _____

Immunization Verification

School Nurse Signature

Date

PPD Skin Testing

Date administered _____

Date test results read _____

Results verified by _____

Date chest x-ray (if required) _____

Results _____

Results verified by _____

Hepatitis B vaccine

Dates administered #1 _____ #2 _____ #3 _____

Administered by _____

Hepatitis B Vaccine declination

I understand that due to my potential clinical exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been informed of the benefits of the Hepatitis B vaccine, however I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B.

Parent Signature

Date

Student Signature

Date