



OAKLAND  
COMMUNITY  
COLLEGE®

## NURSING PROGRAM Student Release Form

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### FOR COMMUNICABLE DISEASES, HEPATITIS B AND RELATED VACCINE INFORMATION

I, \_\_\_\_\_, hereby acknowledge that I have received and reviewed information provided to me by Oakland Community College's Health Programs regarding communicable diseases, Hepatitis B, and the Hepatitis B vaccines (including HEPTA VAX-B and RECOMBIVAX). 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, but not required, for people who have contact with blood and any body secretions, such as health care workers, and that receipt of the Hepatitis B vaccine is entirely voluntary and is not a condition for being a student within Oakland Community College's Health Programs.

I agree, acknowledge and understand that should I accept the Hepatitis B vaccine, it is my responsibility to pay for the vaccine and complete the series of injections.

I agree, acknowledge and understand that I am responsible for all medical costs and bills associated with contracting any communicable disease (including but not limited to, human immuno-deficiency virus (HIV and Hepatitis B) during my education and participation in Oakland Community College's Health Programs or functions and that Oakland Community College has no obligation to pay any such medical costs or bills.

I release and waive any claims I may have, now or in the future, against Oakland Community College, its employees, teaching affiliates associated with Oakland Community College, and the members of Oakland Community College's Board of Trustees from any type of liability, whatsoever, in the event that I become infected with any communicable diseases including, but not limited to, human immuno-deficiency virus (HIV) or Hepatitis B.

I also make the following representations:

\_\_\_\_\_ I have received the Hepatitis B vaccine, and a verification of my having received that vaccine is attached. **(IMPORTANT: Attach vaccination record.);** or

(Over)

# Hepatitis B Student Release Form

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\_\_\_\_\_ I have made arrangements for a physician of my choice to give me the Hepatitis B vaccine, and will supply verification regarding the starting of the series for the vaccine by me before I have any patient contact during any program affiliated with Oakland Community College's Health Programs; or

\_\_\_\_\_ I hereby waive, and decline receipt of the Hepatitis B vaccine, and release Oakland Community College, its employees, teaching affiliates associated with Oakland Community College and the members of Oakland Community College's Board of Trustees from any type of liability, whatsoever, in the event that I become infected with any communicable disease including, but not limited to, human immuno-deficiency virus (HIV) or Hepatitis B.

Student's Name \_\_\_\_\_ ID# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MUST be notarized only if you waive and decline receipt of the Hepatitis B Vaccine.**

Subscribe and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary Public  
Oakland County, Michigan  
My Commission Expires: \_\_\_\_\_