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|  |  | Clinical Site/Internship Site/Externship Site**Hepatitis B Declination Form**Health Career SolutionsFor Clinical Site/Internship Site/Externship Site PracticumThe U.S. Department of Occupational Safety and Health (OSHA) have developed standards to protect workers from occupational exposure to blood-born disease including Hepatitis. As a student, you are at risk of directly contacting body fluids. All students enrolled in clinical/internship/externship courses in the Health Career Solutions Nurse Assistant Training, Phlebotomy Training, Medical Administrative Assistant Training, Medical Administrative Training, EKG Technician training, Patient Care Technician Training, and all courses involving body fluids must sign/acknowledge and provide proof of Hepatitis B vaccination or clinical practicum in this program. sign/acknowledge the following declination statement before attending any clinical/internship/externship practicum in the program.I hereby release Health Career Solutions, its Board Members, personnel, and any clinical/internship /externship which I train from any liability for any consequences to me or any claims arising out of or related to my declination not to be vaccinated. I hereby agree to indemnify all of the above persons and organizations for any and all claims, including attorney fees and costs, which may be bought against any of them by anyone claiming to have been injured as a result of my decision.I understand the above Hepatitis B Declination and have provided the school with a copy of my vaccination and decline at this time. I will get the Hepatitis vaccination and send to school and will decline at this time. I am declining the Hepatitis B vaccination at this time. I understand the above Hepatitis B Declination.Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Signature Student Printed Name |
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