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# HEALTH REPORT

Nursing Students

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***CONFIDENTIAL***

Student Name: \_\_\_\_\_

Semester and Year: \_\_\_\_\_



## **Health Requirements for Nursing Students**

### **Physical Exam and Health History**

All nursing students prior to the beginning of clinical placement must submit the required health documents to ensure the nursing student will assume duties free from a health impairment which is a risk to a patient or might interfere with the performance of duties. New York State Department of Health, Regulation 405.3, Requires a physical examination before the start of client contact. The physical exam is to be completed on Clinton's official form.

### **Evidence of Immunity**

Documentation of immunity is required. If immunization records are not available, then antibody titers are required with ORIGINAL COPY of the test results.

### **Measles (Rubeola) or combined MMR**

- ◆ Two doses of live measles vaccine or combined MMR received no more than 4 days prior to first birthday, with a minimum of 28 days between doses **OR**
- ◆ MMR titer, submit original copy of lab results.

### **Mumps**

- ◆ One dose of live mumps vaccine or combined MMR received no more than 4 days prior to first birthday **OR**
- ◆ MMR titer, submit original copy of lab results.

### **Rubella**

- ◆ One dose of live rubella vaccine or combined MMR received no more than 4 days prior to first birthday **OR**
- ◆ MMR titer, submit original copy of lab results.

### **Varicella**

- ◆ Two doses of Varicella vaccine with a minimum of 28 days between doses **OR**
- ◆ Varicella antibody titer, submit original copy of lab results.

### **Tetanus/Diphtheria/Pertussis (Tdap)**

- ◆ One dose of Tdap within the last 10 years, TD boosters are required every 10 years thereafter.

### **Hepatitis B (HBV)**

- ◆ The CDC strongly recommends 3-dose Hepatitis B vaccination series or the newer 2-dose series.

- ◆ If you do not wish to receive the series, a signed declination form must be submitted.

### **Flu Vaccine and Covid-19 Vaccinations**

- ◆ The vaccinations are recommended but not mandated.
- ◆ NYS DOH requires documentation of the flu vaccine **OR** sign a declination form. Flu season typically runs from October through May. Unvaccinated healthcare providers are required to wear a mask during the Flu season.

### **Meningococcal Vaccine: Recommended but not required**

- ◆ Documentation of the meningitis vaccine within the last 5 years (1 dose of MenACWY or 2-3 dose series of MenB) **OR**
- ◆ Sign the Meningitis Response Form.

### **Tuberculosis (TB) Testing**

All nursing students participating in clinicals must satisfy the TB screening component by completing TB Risk Assessment and Symptom Evaluation Form and TB test. If you have had a baseline TB test with completed annual TB assessment forms through your present employer, Clinton requires documentation of the baseline TB test with results, plus copies of the documentation of subsequent annual TB risk and assessment forms. The most recent TB assessment form must be within the last 12 months. Otherwise, TB tests are required for all new nursing students.

The two types of TB testing are a skin test or blood test.

- ◆ Two-step Tuberculin Skin Test (TST).
  1. First Visit – Have the TB Skin Test placed.
  2. Second Visit – 48-72 hours after visit one, get the TST read.
  3. Third Visit – Repeat TST in one to three weeks.
  4. Fourth Visit – 48-72 hours later, have the TST read.

**OR**

- ◆ One of two blood tests may be performed to detect TB infection:
  1. QuantiFERON Gold (IGRA) blood test **OR** T-SPOT TB blood test.

### **Points to consider:**

1. Any student with a positive initial TB test result must have a baseline chest x-ray, a clinical evaluation and submit a completed Risk Assessment and Symptom Evaluation form.
2. The preferred method for any student who has received the BCG vaccine is to receive a TB blood test.
3. Any student with previous positive TB results does not need to be retested.
4. Pregnancy or the Bacille Calmette-Guerin (BCG) vaccine are not considered exclusions for tuberculin screening requirement.
5. TB tests can not be administered within 30 days after receiving live vaccines.

### **Essential Functions Form:**

All nursing students must read, sign, and submit the Essential Functions Form. The Essential Functions described are necessary for the progression through the nursing program.

**Please Note:** Equivocal titers are not accepted. Titers must be positive. If titers are equivocal or negative, you will need to provide proof of the appropriate vaccination given after the date of the lab test.

### **Valid, Acceptable Proof of Immunization:**

- ◆ Vaccination card from childhood.
- ◆ Immunization records from your doctor's office.
- ◆ High school or prior college's immunizations records.
- ◆ Blood test (**submit a copy of the original lab report**) proving immunity to measles, mumps, rubella, varicella and/or Hepatitis B.
- ◆ Certificate of immunization from INS or country of origin for international students.

### **TO SUBMIT HEALTH RECORDS:**

- ◆ **In person**, deliver to room 141M Moore Building
- ◆ **Fax** to (518) 562-4197, phone (518) 562-4129
- ◆ **Mail** to Health Office, Clinton Community College, 136 Clinton Point Dr, Plattsburgh, NY 12901
- ◆ **Email:** [sandra.marland@clinton.edu](mailto:sandra.marland@clinton.edu)

# Medical History & Physical Exam

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, Road, PO Box, City, State, Zip Code)

Phone: (\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Have you ever been or are you being treated for any of the following? Please check all that apply:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Alcohol/substance abuse | <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Kidney disease           |
| <input type="checkbox"/> Anxiety/panic disorder  | <input type="checkbox"/> Eating disorder             | <input type="checkbox"/> Liver disease            |
| <input type="checkbox"/> Arthritis               | <input type="checkbox"/> Fainting Spells/dizziness   | <input type="checkbox"/> Migraine headaches       |
| <input type="checkbox"/> Asthma/hay fever        | <input type="checkbox"/> Head injury/concussion      | <input type="checkbox"/> Recent weight change     |
| <input type="checkbox"/> Back/neck injury        | <input type="checkbox"/> Heart disease/murmur        | <input type="checkbox"/> Skin disorders           |
| <input type="checkbox"/> Blood disorders         | <input type="checkbox"/> Hepatitis                   | <input type="checkbox"/> Ulcer                    |
| <input type="checkbox"/> Cancer                  | <input type="checkbox"/> Hernia                      | <input type="checkbox"/> Urinary tract infections |
| <input type="checkbox"/> Chicken pox             | <input type="checkbox"/> High blood pressure         | <input type="checkbox"/> Vision problem           |
| <input type="checkbox"/> Convulsions/seizures    | <input type="checkbox"/> Inflammatory bowel syndrome | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Depression              |  |   |

Medications: Please list any medication, vitamins, supplements that you take routinely. \_\_\_\_\_

Please Answer the Following:

1. Do you have any allergies?  Yes  No If yes, please list: \_\_\_\_\_
2. Are you allergic to LATEX?  Yes  No
3. Would you say your present health is  Excellent  Good  Fair  Other?  
If other, please explain \_\_\_\_\_
4. Have you ever had an operation?  Yes  No  
If yes, please explain \_\_\_\_\_
5. Have you sustained an injury in the past six (6) months?  Yes  No  
If yes, please explain \_\_\_\_\_
6. Have you ever been treated for back/neck pain or have any history of back/neck injury?  
 Yes  No If yes, please explain \_\_\_\_\_

I hereby certify that the answers given are true to the best of my knowledge

\_\_\_\_\_  
Student Signature (parent/guardian if under 18 years of age)

\_\_\_\_\_  
Date

**PHYSICAL EXAM:**

Name \_\_\_\_\_ DOB: \_\_\_\_\_

Temp:	Pulse:	Respirations:
Height:	Weight:	B/P:
Vision: <input type="checkbox"/> Corrected <input type="checkbox"/> Not Corrected	R eye:	L eye:
Hearing: R ear:	L ear:	Impairments:

Check appropriate column	Normal	Abnormal	Detail of abnormalities:
Appearance			
Ears/Nose/Throat			
Neck (Thyroid)			
Lymph Nodes			
Heart & Vascular System			
Lungs			
Abdomen			
Musculoskeletal System			
Neurological System			
Genitourinary (optional)			
Skin			

Based upon your physical examination, is the candidate able to perform the essential physically demanding job functions of a Student Nurse?  Yes  No

Please list and describe any accommodations required:

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\_\_\_\_\_  
 Physician/NP/PA Signature \_\_\_\_\_  
 Date of Exam

\_\_\_\_\_  
 Physician/NP/PA Address & Phone Number



State University of New York  
**CLINTON**  
 Community College

Return To:  
 Clinton Community College  
 Attention: Health Office  
 136 Clinton Point Drive | Plattsburgh NY 12901

PHONE 518-562-4129  
 FAX 518-562-4197  
 E-mail sandra.marland@clinton.edu

## Meningococcal Vaccination Response Form

New York State Public Health Law 2167 requires all colleges to inform students taking 6 or more credit hours about meningococcal disease and the meningitis vaccine. The law further requires one of the following.

1. Documentation of the meningitis vaccine within the last 5 years (1 dose of MenACWY or 2-dose series of MenB)

OR

2. Signed form that you are making an informed decision to decline the meningitis vaccine at this time.  
 RECEIVING A MENINGITIS VACCINE IS NOT REQUIRED! ONLY THE SUBMISSION OF THE FORM.

Clinton Community College does not offer this vaccine. The vaccine may be available from Clinton County Health Department, local pharmacies or at your primary care provider..

I have reviewed the information provided by Clinton Community College about meningococcal disease (meningitis) and the vaccine, and:

Check one box and sign below:

- I plan to obtain the meningococcal immunization within 30 days.
- I understand the risks of meningococcal disease and the benefits of the immunization. I have decided that I will not obtain the immunization against meningitis at this time.

Print Student's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: If the student is under 18 years old, the signature of the parent/guardian is required.

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# Meningococcal Disease

## What is meningococcal disease?

Meningococcal disease is caused by bacteria called *Neisseria meningitidis*. It can lead to serious blood infections. When the linings of the brain and spinal cord become inflamed, it is called meningitis. The disease strikes quickly and can have serious complications, including death.

Anyone can get meningococcal disease. Some people are at higher risk. This disease occurs more often in people who are:

- Teenagers or young adults
- Infants younger than one year of age
- Living in crowded settings, such as college dormitories or military barracks
- Traveling to areas outside of the United States, such as the “meningitis belt” in Africa
- Living with a damaged spleen or no spleen
- Being treated with Soliris® or, who have complement component deficiency (an inherited immune disorder) • Exposed during an outbreak
- Working with meningococcal bacteria in a laboratory

## What are the symptoms?

Symptoms appear suddenly – usually 3 to 4 days after a person is infected. It can take up to 10 days to develop symptoms.

Symptoms may include:

- A sudden high fever
- Headache
- Stiff neck (meningitis)
- Nausea and vomiting
- Red-purple skin rash
- Weakness and feeling very ill
- Eyes sensitive to light

## How is meningococcal disease spread?

It spreads from person-to-person by coughing or coming into close or lengthy contact with someone who is sick or who carries the bacteria. Contact includes kissing, sharing drinks, or living together. Up to one in 10 people carry meningococcal bacteria in their nose or throat without getting sick.

## Is there treatment?

Early diagnosis of meningococcal disease is very important. If it is caught early, meningococcal disease can be treated with antibiotics. But, sometimes the infection has caused too much damage for antibiotics to prevent death or serious long-term problems. Most people need to be cared for in a hospital due to serious, life-threatening infections.

## What are the complications?

Ten to 15 percent of those who get meningococcal disease die. Among survivors, as many as one in five will have permanent disabilities. Complications include:

- Hearing loss
- Brain damage
- Kidney damage
- Limb amputations



## What should I do if I or someone I love is exposed?

If you are in close contact with a person with meningococcal disease, talk with your health care provider about the risk to you and your family. They can prescribe an antibiotic to prevent the disease.

## What is the best way to prevent meningococcal disease?

The single best way to prevent this disease is to be vaccinated. Vaccines are available for people 6 weeks of age and older.

Various vaccines offer protection against the five major strains of bacteria that cause meningococcal disease:

- All teenagers should receive two doses of vaccine against strains A, C, W and Y. The first dose is given at 11 to 12 years of age, and the second dose (booster) at age 16.
- It is very important that teens receive the booster dose at age 16 in order to protect them through the years when they are at greatest risk of meningococcal disease.
- Talk to your health care provider today if your teen has not received two doses of vaccine against meningococcal strains A, C, W and Y.
- Teens and young adults can also be vaccinated against the "B" strain. Talk to your health care provider about whether they recommend vaccine against the "B" strain.

Others who should receive the vaccine include:

- Infants, children and adults with certain medical conditions
- People exposed during an outbreak
- Travelers to the "meningitis belt" of sub-Saharan Africa
- Military recruits

Please speak with your health care provider if you may be at increased risk.

## What are the meningococcal vaccine requirements for school attendance?

As of September 1, 2016, children entering grades 7 and 12 must be immunized against meningococcal disease strains A, C, W and Y according to the recommendations listed above.

## Is there an increased risk for meningococcal disease if I travel?

- Meningococcal disease and outbreaks occur in the United States and around the world. The disease is more common in the "meningitis belt" of sub-Saharan Africa. The risk is highest in people who visit these countries and who have prolonged contact with local populations during an epidemic.
- To reduce your risk of illness, wash your hands often, maintain healthy habits such as getting plenty of rest and try not to come into contact with people who are sick.

**Travel and meningococcal disease:** [wwwnc.cdc.gov/travel/diseases/meningococcal-disease](http://wwwnc.cdc.gov/travel/diseases/meningococcal-disease)

**Learn more about meningococcal disease:** [www.cdc.gov/meningococcal/](http://www.cdc.gov/meningococcal/)

**For more information about vaccine-preventable diseases:** [www.health.ny.gov/prevention/immunization/](http://www.health.ny.gov/prevention/immunization/)

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## Bureau of Immunization

## TB Risk Assessment and Symptom Evaluation

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Semester / Year: \_\_\_\_\_

**Please select the appropriate response to the following statements.**

*Healthcare personnel should be considered at increased risk of TB if any of the following statements are marked "Yes".*

1. Temporary or permanent residence of  $\geq 1$  month in a country with high TB rate (any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe). YES \_\_\_ NO \_\_\_
2. Current or planned immunosuppression, including HIV infection, organ transplant, treatment with TNF-alpha antagonist, chronic steroids (equivalent of prednisone  $\geq 15$  mg/day for  $\geq 1$  month) or other immunosuppressive medication. YES \_\_\_ NO \_\_\_
3. Close contact with someone who has had infectious TB disease. YES \_\_\_ NO \_\_\_

**From the symptom list below, select "yes" or "no" indicating whether you have:**

1. Productive cough that lasts more than 3 weeks in absence of a cold or flu. YES \_\_\_ NO \_\_\_
2. Chest pains YES \_\_\_ NO \_\_\_
3. Coughing up blood or blood streaked sputum YES \_\_\_ NO \_\_\_
4. Night sweats YES \_\_\_ NO \_\_\_
5. Unexplained weight loss YES \_\_\_ NO \_\_\_
6. Unexplained weakness or fatigue YES \_\_\_ NO \_\_\_
7. Fever or recurring chills YES \_\_\_ NO \_\_\_
8. Loss of appetite / anorexia YES \_\_\_ NO \_\_\_

The information provided is true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Tuberculosis Screening Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Tuberculosis Testing

Prior to clinicals or patient care responsibilities, nursing students who have not been tested for TB infection within the last 12 months are required to have a tuberculin blood test IGRA (QuantIFERON, or T-Spot blood test) or initial two step PPD screening upon admission to the program. If a test is positive the student would then be required to have a chest x-ray and if necessary have follow-up therapy.

### **TB Skin Test #1**     **If tested yearly please submit copy of previous test results.**

Date given: \_\_\_\_\_ Time given: \_\_\_\_\_ Site:     lt. arm     rt. arm

Manufacturer/Lot #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Administered by: \_\_\_\_\_

### **Test Results #1**

Date read: \_\_\_\_\_ Time read: \_\_\_\_\_ Result:     negative     positive    Induration: \_\_\_\_\_ mm

Read by: \_\_\_\_\_

### **TB Skin Test #2**

Date given: \_\_\_\_\_ Time given: \_\_\_\_\_ Site:     lt. arm     rt. arm

Manufacturer/Lot #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Administered by: \_\_\_\_\_

### **Test Results #2**

Date read: \_\_\_\_\_ Time read: \_\_\_\_\_ Result:     negative     positive    Induration: \_\_\_\_\_ mm

Read by: \_\_\_\_\_

**OR**

### **Blood Test for TB – IGRA, OR T-spot**

**Please include copy of test results.** Please check one:     T-spot     QuantiFERON

Date of Test: \_\_\_\_\_ Results:     negative     positive     indeterminate

Signature of Healthcare Provider: \_\_\_\_\_



## Certificate of Essential Functions

**Student Name:** \_\_\_\_\_

Each nursing student is required to sign this form attesting that he/she is able to perform these essential skills/abilities with or without reasonable accommodations. A reasonable accommodation is defined on a case by case basis by the specialist in Accommodative Services, in consult with the Nursing Department.

### Gross Motor Skills:

- **Standing/ Walking:** must be able to walk and stand on your feet for majority of time in the clinical setting (8-12 hours).
- **Sitting:** must be able to sit while charting/entering data into a computer or receiving report.
- **Lifting/Carrying:** required when assisting in lifting and transferring patients, repositioning patients, picking up a child, carrying medical supplies and certain medical equipment.
- **Pushing/Pulling:** required when administering patient care, pushing equipment, i.e. hospital beds, wheelchairs.
- **Reaching:** required when performing patient care such as hanging and/or adjusting IV bags.
- **Bending/Twisting/Stooping/Squatting:** required when performing certain activities of patient care.

### Fine Motor Skills:

- **Manual dexterity, writing/grasping small objects/fastening clothes:** must be able to pick up small objects with hands, write, type on computer, and squeeze with fingers, i.e. eye droppers, use syringe, and insert a catheter.

### Sensory Ability:

- **Tactile ability:** must be able to feel through touching: to palpate with fingers and hands, and assess for tenderness, temperature, pulses, elasticity of skin, masses.
- **Hearing:** must be able to hear a range of sounds and tolerate disturbing sounds: vomiting, crying from pain or grief, coughing from trach, to hear sounds such as normal and faint speaking voices, blood pressure, heart sounds, lung sounds, bowel sounds, and alarms i.e. fire alarms, codes, monitors, and call lights.
- **Olfactory:** must be able to smell and tolerate strong odors: to identify foul drainage from wounds, to detect smoke or noxious odors in patient care settings.
- **Visual acuity:** must have the sense of sight with or without correction: to inspect skin, to perform treatments, to draw up and administer medications.

### Environment:

- **Must have ability to recognize health hazards:** may be exposed to blood/ body fluids and infectious diseases, to prevent the spread of disease.
- **Must be able to wear and tolerate personal protective equipment (PPE):** to understand the role of PPE in healthcare and to optimize the use of it to control and prevent the transmission of infection.

- **Must be able to recognize threats to physical safety:** to operate equipment safely in clinical areas, to recognize accident hazards and correct them, to seek assistance when a situation requires more experience or expertise.
- **Must be able to respond to exposure to chemical materials:** exposure to disinfectants, sanitizers, and cleaning agents in the clinical setting, to use appropriate protective equipment.

### **Observations/Cognitive Abilities:**

- **Must have the ability to observe and listen to others, to pay attention to detail, to pay attention to non-verbal behaviors, to notice changes in attitudes, behaviors, activity levels, and changes in physical conditions:** to problem solve in a variety of situations and settings.
- **to have the ability to measure, identify, analyze and respond to situations:** to problem solve and influence good decision-making.
- **to stimulate personal and professional growth:** to develop patience, compassion and empathy.

### **Communication:**

- **Must be able to communicate verbally in English with accuracy and clarity, including non-verbal communication:** to follow directions, network, and collaborate with team members, to teach others.
- **Must be able to read and write succinctly:** to record medical information and responses to treatment and plans of actions.

### **Time Management:**

- **Must be able to learn time management strategies, to prioritize tasks, to stay organized, to increase productivity:** to meet patient-centered goals and have a sense of accomplishment of a job well-done.

### **Non-Judgmental:**

- **Strive to be non-judgmental, respect and value cultural differences:** to build trusting relationships.

### **CPR Certification:**

- **To obtain the American Heart Association or American Red Cross BLS CPR course for Healthcare Providers, and must include an in-person component. Online certifications will not be accepted:** to meet the college's requirements.

### **Work habits:**

- **Must have the ability to adhere to classroom and clinical schedules, to complete and submit assignments by the due date, to adhere to the Policies and Procedures of Clinton's Nursing Program:** to meet these requirements to become the best nurse you can be and make a difference in your patients' lives.

I, \_\_\_\_\_ hereby attest that I am able to perform,  
 Print name  
 or learn, the Essential Functions.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date



## **MMR Immunization Requirements**

New York State Public Health Law 2165 **requires** all college students born on or after January 1, 1957, and enrolled in 6 semester hours on campus to submit documentation of immunity to measles, mumps and rubella (MMR). Failure to comply with New York State immunization requirements will result in administrative withdrawal from courses.

### **Measles, Mumps, Rubella (MMR) requirements:**

#### **Measles (Rubeola)**

- Two doses of live measles vaccine or MMR vaccine at least 28 days apart. The first dose administered no more than 4 days before the first birthday and given on/or after January 1, 1968.
- Physician's documented history of disease **OR** blood test/titer proving immunity. **Submit a copy of the original lab report** to the Health Office.

#### **Mumps**

- Single dose of mumps vaccine or an attenuated live MMR vaccine administered no more than 4 days before the first birthday and given on/or after January 1, 1969.
- Physician's documented history of disease **OR** blood test/titer proving immunity. **Submit a copy of the original lab report** to the Health Office.

#### **Rubella (German measles)**

- Single dose of live rubella vaccine or MMR vaccine administered no more than 4 days before the first birthday and given on/or after January 1, 1969.
- Blood test/titer proving immunity. **Submit a copy of the original laboratory report** to the Health Office.
- Clinical diagnosis of rubella is **NOT** acceptable as proof of immunity.

### **Valid, Acceptable Proof of Immunization:**

- Vaccination card from childhood.
- Immunization records from your doctor's office.
- High school or prior college's immunizations records.
- Blood test (**submit a copy of the original lab report**) proving immunity to measles, mumps, rubella, varicella and/or Hepatitis B.
- Certificate of immunization from INS or country of origin for international students.

**SUNY announces that the Covid-19 vaccine will no longer be mandated for students to attend SUNY's campuses.** SUNY strongly recommends all students get vaccinated. This policy is subject to change based on guidance from government agencies.

**MMR EXEMPTIONS:** Students may request medical exemption. It must be on office letterhead, including student's name, DOB, and the medical contraindication for not administering immunizations, college students can still obtain a religious exemption. If a disease outbreak occurs, students with medical/religious exemptions will be excused from classes until it is determined by administration it is safe to return to classes. (Exemption forms are available,)

# Hepatitis B Vaccine Waiver

In compliance with OSHA Regulation: 29 CFR BLOODBORNE PATHOGENS STANDARD

1910.1030: the student is advised that OSHA recommends persons at substantial risk for HBV (hepatitis B) should be vaccinated. Individuals are often at highest risk during the professional training period. For this reason, when possible, vaccination should be completed prior to the training period. Three injections given at 0-, 1- and 6-months must be received to complete the series.

I understand as a nursing student that I am at high risk for acquiring hepatitis B, as my clinical experience places me in a position to be exposed to a significant degree of blood and body fluids.

I acknowledge the Clinton Community College, Nursing Department, has advised me of the OSHA Regulation: 29 CFR BLOODBORNE PATHOGENS STANDARD 1910.1030.

Please check the appropriate statement:

I decline hepatitis B vaccination currently. If I want to be vaccinated later, I can receive the vaccine series and I will be responsible for the cost.

I am currently in the process of receiving the 3-dose series of hepatitis B vaccine. Until this process is completed, I have been informed and understand that I continue to be at risk of acquiring hepatitis B.

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Signature

Student

\_\_\_\_\_  
Date

Adapted from Occupational Safety & Health Administration US  
Dept. of Labor  
Standard Number: 1910.1030