



## FLORIDA COLLEGE OF INTEGRATIVE MEDICINE HEPATITIS B VACCINATION Form

Upon attending the College all students and professors are requested to submit a signed letter, stating whether or not they have been immunized against Hepatitis B. According to OSHA all Interns, Staff, and Doctors working within a clinic are required to be immunized with the Hepatitis B vaccine.

We now require, for our records, a signed affidavit stating that you have received the vaccine or that if you decide against having the Hepatitis B vaccination you are aware of the consequences and sign the waiver with full knowledge and are willing to state you have not received the vaccine.

### Select Option Below:

I \_\_\_\_\_ have received the Hepatitis B vaccination and have attach a copy of the certificate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I \_\_\_\_\_ do not wish to receive the Hepatitis B vaccination. I hereby declare that I understand the consequences of not taking the Hepatitis B vaccination, and exonerate the Florida College of Integrative Medicine from any blame resulting from my action.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I \_\_\_\_\_ am willing to be vaccinated with the Hepatitis B vaccine and shall make my own arrangements to be vaccinated as soon as possible. I declare I shall give the Florida College of Integrative Medicine the certificate of vaccination within the next 6 months from this date.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**FLORIDA COLLEGE OF INTEGRATIVE MEDICINE  
HEPATITIS B VACCINATION Form**