

Palms Beauty Academy

HEPATITIS B VACCINATION Form

Upon attending the Academy, 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 Palms Beauty Academy 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 Palms Beauty Academy the certificate of vaccination within the next 6 months from this date.

Signature: _____ Date: _____