

**Metropolitan Community College-Penn Valley – HSI**  
**PHYSICAL THERAPIST ASSISTANT PROGRAM**

**VACCINATION DECLARATION/DECLINATION FORM**

STUDENT: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

I have been advised that the Hepatitis B vaccination is required for the clinical assignments in the Physical Therapist Assistant Program. I understand that due to the possible occupational training exposure to blood or other potential infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection.

Please check one of the following:

I have completed the Hepatitis B vaccination series  
(must submit documentation)

I am currently in the process of Hepatitis B vaccination and have received vaccination(s) at this time. (must submit documentation)

I decline to be vaccinated at this time.

I am aware that I can waive the Hepatitis B vaccination requirement only by signing this Vaccination Declination form. In that case, I continue to be at risk of acquiring Hepatitis B, a serious disease.

In the future, should I decide to be vaccinated with Hepatitis B, I will provide documentation of this to the program director.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date