Hepatitis B - Release of Liability

According to the Center for Disease Control (2003) Hepatitis B is caused by a virus that attacks the liver. The virus, which is called hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.

In 2003, an estimated 73,000 people were infected with HBV. People of all ages get hepatitis B and about 5,000 die per year of sickness caused by HBV.

HBV is spread when blood from an infected person enters the body of a person who is not infected. Healthcare personnel who have received hepatitis B vaccine and developed immunity to the virus are at virtually no risk for infection.

Retrieved From: http://www.cdc.gov/ncidod/dhqp/bp_hepatitisb.html

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. Hepatitis B Virus infection is a serious health problem which affects many health care providers and can lead to lengthy illness, hospitalization, and possibly, an untimely death.

I have also been informed of the benefits of Hepatitis B Vaccine, the side effects of Hepatitis B Vaccine, and also of the modes of transmission of HBV.

Although required by the health program in which I am enrolled, I decline the Hepatitis B vaccination at this time. I understand by declining this vaccine I continue to be a risk of contracting Hepatitis B.

I personally assume the risks and consequences of my refusal, and I release for myself, my heirs, executors, administrator, or personal representatives Triton College, its officers, agents and employees from any and all liability for ill effects, including death or disability, which may result from contracting Hepatitis B virus infection.

I acknowledge that I have been thoroughly informed and I understand the implications of declining the Hepatitis B vaccine.

Student Signature Guardian Signature Relationship to the Student Date

Those who cannot show proof of an "Immune" Hepatitis B Titer must sign this waiver

Tetanus/Diphtheria/Pertussis (TDaP) - Release of Liability

The American College Health Association and the Center for Disease Control and Prevention (CDC), recommends that institutions that train health care professionals, deliver healthcare, or provide laboratory or other medical support services require students to be vaccinated against <u>Tetanus</u>, <u>Diphtheria</u>, and <u>Pertussis</u> (<u>Tdap</u>).

The Tetanus, Diphtheria, and Pertussis (Tdap) Vaccine can protect you against all three of these serious diseases.

Tetanus, diphtheria, and Pertussis are all caused by bacteria. Diphtheria and Pertussis are spread from person to person. Tetanus enters the body through cuts, scratches, or wounds.

Tetanus (Lockjaw) causes painful tightening of the muscles, usually all over the body. It can lead to "locking" of the jaw so the victim cannot open his mouth or swallow. Tetanus leads to death in up to 2 cases out of 10.

Diphtheria causes a thick covering in the back of the throat. It can lead to breathing problems, paralysis, heart failure, and even death.

Pertussis (Whooping Cough) causes severe coughing spells, vomiting, and disturbed sleep. It can lead to weight loss, incontinence, rib fractures and passing out from violent coughing, pneumonia, and hospitalization due to complications.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the <u>Tetanus</u>, <u>Diphtheria</u>, <u>and</u> Pertussis infections.

I have been informed of the benefits of the Tdap vaccine, the side effects of the vaccine, and the modes of transmission of Tetanus, Diphtheria and Pertussis.

Although required by the health program in which I am enrolled, I decline the Tdap vaccination at this time. I understand by declining this vaccine, I continue to be a risk of acquiring the <u>Tetanus</u>, <u>Diphtheria</u>, and <u>Pertussis</u> infections.

I personally assume the risks and consequences of my refusal, and I release for myself, my heirs, executors, administrator, or personal representatives Triton College, its officers, agents and employees from any and all liability for ill effects, including death or disability, which may result from contracting the <u>Tetanus</u>, Diphtheria, and Pertussis infections.

I acknowledge that I have been thoroughly informed and I understand the implications of declining the Tdap vaccine,

Date						