



Santa Fe Community College
 Emergency Medical Services Programs
Student Hepatitis B Status

Because of the possibility of exposure to patients infected with Hepatitis B, it is highly recommended that students enrolled in any EMS Program receive the vaccine. To satisfy the agreements with the healthcare facilities in which you will be participating in clinical activities, please indicate your Hepatitis B vaccination status by selecting one of the statements below.

Please sign and return this form to the EMS Programs administration office before your first day of class.

- _____ I DO NOT wish to receive the Hepatitis B vaccine.
(This option must be notarized)
- _____ I am IN THE PROCESS of receiving the Hepatitis B vaccine.
(Please attach verification)
- _____ I HAVE COMPLETED the Hepatitis B vaccine.
(Please attach verification)

Student Name (printed): _____

Student Signature: _____ Date: _____

If student is under 18 years of age:

Parent Signature: _____ Date: _____

Notary: _____ Date: _____