

STUDENT NAME (please print): _____

Midlands Technical College Continuing Education Medical Release

Please submit supporting documentation of immunization records and lab results. This completed form must be presented to the instructor during the first class meeting.

Test	✓	Test	✓	Date	Results
2 Step TB Skin Test - PPD					
Chest X-Ray (If TB Test Positive)					
Rubella Titer		MMR			
Rubeola Titer		MMR			
Mumps Titer		MMR			
Varicella Titer		Varivax			
Hepatitis B Titer		Booster			
Hepatitis B Series					
Tetanus					

Clinician Signature

Date

Clinician Name (Printed)

Telephone Number

TETANUS / HEPATITIS B VACCINATIONS

I understand that Tetanus and Diphtheria are serious, vaccine-preventable diseases. The CDC and the American College Health Association strongly recommend that all college students be immunized against Tetanus and Diphtheria. However, I decline TD immunization at this time. I understand that by declining this immunization, I may continue to be at risk of acquiring these diseases. If, in the future, I want to be immunized with TD toxoid, I will be responsible for the cost of the immunization.

Student Signature: _____ Date: ____/____/____

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis virus (HBV) infection.

(**circle one below**)

- A. I have already received the hepatitis B Vaccine.
- B. I decline the hepatitis B Vaccine.
- C. If interested with the hepatitis B Vaccine, I contact my physician.

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. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

Signature: _____

Should I become exposed to or contract any of the aforementioned diseases I agree to hold harmless the Facility, Faculty and Midlands Technical College from any and all liability.

Student Signature

Date