

GLENDALE COMMUNITY COLLEGE
EMT Program
Hep B and Varicella

Instructions: This form MUST be completed and submitted to your instructor prior to starting your clinical rotation. Read the following and complete the appropriate section:

VARICELLA

Complete this section if you have a documented history of Varicella, have tested immune for Varicella or have been vaccinated against Varicella:

I have satisfied the Varicella requirement as listed above. I understand that the EMT Dept may request additional documentation.

Student Name (Print) Signature Date

If you do not meet the criteria listed above, complete this section after reading the following:

I understand that due to my potential exposure to blood and airborne infectious materials during the clinical portion of my health science program, I may be at risk of acquiring Varicella. I have been encouraged by the EMT Department faculty to be vaccinated against Varicella if I do not have a history of the disease and have not been previously immunized. I choose to decline the Varicella vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Varicella, a serious disease. By signing this form, I agree to assume the risk of a potential exposure to Varicella and hold Maricopa Community College District as well as all hospital and prehospital clinical observation sites harmless from liability in the event I contract Varicella.

Student Name (Print) Signature Date

HEP-B

Complete this section if you have had, or in the process of receiving, the Hep-B vaccination series:

I have received or begun the Hepatitis B vaccine on the dates listed below:

Student Name (Print) Signature Date

Complete this section after reading the following if you choose to decline the Hep-B series.

I understand that due to my exposure to blood or other potentially infectious materials during the clinical portion of my health science program, I may be at risk of acquiring Hepatitis B virus infection. I have been encouraged by the EMT Department faculty to be vaccinated with Hepatitis B vaccine, however, I decline the 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. By signing this form, I agree to assume the risk of a potential exposure to Hepatitis B virus and hold Maricopa Community College District as well as all hospital and prehospital clinical observation sites harmless from liability in the event I contract the Hepatitis B virus.

Student Name (Print) Signature Date