

Waiver of Liability for Non-Immunization

I have discussed Hepatitis B, Influenza and COVID-19 with my physician and understand the risk involved with not taking the Hepatitis B, Influenza and/or COVID-19 vaccine. I have had an opportunity to ask questions about Hepatitis B, Influenza and COVID-19 and have had my questions answered.

This is to acknowledge that I have declined to take the following vaccine(s) or have not completed the vaccine series as of this date.

This is to acknowledge that I have declined the Hepatitis B Vaccine.

- Hepatitis B

This is to acknowledge that I have declined the Influenza (Flu Vaccine).

- Influenza (Flu Vaccine)

This is to acknowledge that I have declined the COVID-19 Vaccine.

- COVID-19

I also release any cooperating clinical agency used by the Lake Land College Dental Hygiene Program from any and all liability for claims; causes of action; loss; damages; cost and expenses, of any kind whatsoever arising out of, or in any manner occasions, by contacting Hepatitis B, Influenza and/or COVID-19.

This waiver is binding on my heirs, assigns, and personal representatives.

Applicants will sign this waiver if he/she has declined to take the vaccine(s) or has not completed the vaccine series by the date of this physical.

This acknowledgement states you have either declined to take Hepatitis B, Influenza or COVID-19 vaccinations or you have not completed the series. Failure to sign the Waiver of Liability will result in an incomplete file.

Date_____Signature_____

Date_____Signature_____Witness_____