

BLUE RIDGE COMMUNITY COLLEGE
Nurse Aide I
Medical Form

Name: _____

SS# _____

Immunizations		Date
Rubella (Exempt if 50 years old)		
Hepatitis B Inoculation (first shot) or sign the Release below		
Medical Tests	Results (Negative/Positive)	Date
TB Skin Test (within 12 months)		
Tetanus (Current)	N/A	

Physician/Nurse Signature: _____

Health Agency: _____ Telephone: _____

Release for Hepatitis B Inoculation

I understand that during my occupational training/educational experience, I will be exposed to blood or other infectious materials and am at risk of acquiring Hepatitis B Virus (HBV) infection.

Realizing the importance of receiving inoculations against Hepatitis B (HBV), I do not wish to be inoculated at this time.

I hereby release Blue Ridge Community College and its representatives from all liability should I at any time be exposed to and/or contract the Hepatitis B Virus (HBV).

Signed: _____

Date: _____ Witness: _____