

# Hepatitis B Waiver

I am currently in the process of getting my Hepatitis B vaccinations at this time. I will submit the documentation as soon as I have completed the series and obtained a titer. I understand that due to my exposure to blood or other potentially infectious materials, I continue to be at risk of acquiring Hepatitis B.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date