



Medication Assistant – Certification Program

Information Guidelines 2021-2022

Revised: 12/2021

Arkansas Northeastern College
Medication Assistant-Certified (MA-C) Program
Information Guidelines
2021-2022

Course Description:

The ANC Certificate of Proficiency (CP) in Medication Assistant-Certified Program is designed to educate qualified individuals to administer certain nonprescription and legend drugs in long term care facilities under the supervision of a licensed nurse. Theory, lab, and practicum will focus on safe medication administration and avoidance of errors. Knowledge of common side effects and adverse reactions of medications are included in addition to the legal aspect of documentation and communication techniques. Concepts of professional ethics are covered. The course practicum will focus on the skill of medication administration and safe application of medication theory and concepts in the long-term care facility. Supervised clinical experience is provided administering medications in nursing home settings. Upon successful completion of this program the student will be eligible to apply to take the Medication Assistant Examination to become a Medication Assistant-Certified (MA-C). The MA-C Program at Arkansas Northeastern College is approved by the Arkansas State Board of Nursing.

The MA-C may be offered in the Fall, Spring and Summer (if demand) semesters based on need.

Admission Criteria

All Medication Assistant- Certified (MA-C) students are assigned the Nursing & Allied Health Advising Specialist to be their Advisor until after acceptance into the program. The Advising Specialist may schedule both group and individual sessions with students to ensure College and Admission guidelines are provided and explained for those students seeking admission into the MA-C Program. Admission to the Arkansas Northeastern College MA-C program is based on student's ability to meet the following requirements:

College Admission Requirements (Students must meet all College admission requirements).

- Complete ANC Application and submit to Admissions in the Registrar's Office.
- Complete placement testing (ACT, ACCUPLACER). Must meet minimal required scores.
- Submit a high school transcript or GED (with scores) to the Registrar's Office
- Submit official transcripts from any college(s) previously attended to the Registrar's Office for evaluation.
- Submit all updated Immunization records (2 MMR's & TB Skin Test or Chest x-ray). Refer to Immunization policies.

MA-C Admission Requirements:

- Complete Application for Admission to the MA-C Program and submit as directed.
- Read and sign Statement of Responsibility and Understanding of Functional Abilities located in Information Guidelines. Submit with MA-C Application.
- Attend scheduled advising sessions as required by the Advising Specialist or MA Instructor.
- Complete the Health History and obtain Medical Clearance if requested. Students need to be in good health and be able to meet functional abilities.
- Minimum age of 18 years.

- Earned high school diploma or successfully passed the general educational development (GED) test.
- Able to speak, read, write and understand English.
- Is currently listed in good standing on the Arkansas certified nurse aide registry
- Maintained registration on the Arkansas certified nurse aide registry continuously for a minimum of one (1) year. Persons with a criminal record, substance abuse problems, and or health problems that would interfere with safe practices may be ineligible for placement on the state registry and/or for employment.
- Completed at least one (1) continuous year of full-time experience as a certified nursing assistant (CNA) in Arkansas.
- Is currently employed at a designated facility in Arkansas.
- Submit to a criminal background check.
- Current (not expired) American Heart Association Basic Life Support for the Health Care Provider (CPR) certification (required).
- Proof of negative tuberculin skin test (TST) or negative chest x-ray if the skin test is positive.
- Meet the MA Functional Abilities to include being in good health and be able to lift 50 pounds throughout the entire class and clinical sessions.
- Students re-applying for admission/readmission into one of ANC's Nursing or Allied Health Programs or Courses must have a written letter of recommendation from the previous Program Director validating the student left the program in professional good standing.

Advisement and Placement

Students interested in the MA Program must meet with the Advising Specialist for Nursing & Allied Health for advisement and to validate all admission criteria is met. The Advising Specialist's office is located at the ANC Main Campus, Statehouse Hall in the Advising Center. Scheduled advising sessions provide students the opportunity to review the admission guidelines and initiate the process for enrollment into the course.

Admission testing for those interested in Medication Assistant applicants may contact the Testing Center at: ANC Main Campus - 870-762-3108. Students may register to test on line at:

<http://www.anc.edu/testingcenter.index.htm>

This evaluation, advisement and placement service is free to the student.

Selection Process

It is the student's responsibility to complete the requirements for admission and to submit verification of all the required documents. Information as outlined in the Information Guidelines and Advising Checklist is required without exception. The MA Advising Checklist will be part of the Student File documenting verification of all admission criteria for entry into the MA Program.

Applicants who meet all minimal admission requirements will be accepted into the MA Program on a first come basis. A mandatory orientation is required for all qualified applicants. The Class will enroll up to 12 students per class.

Certificate of Proficiency (CP) Program

Medication Assistant-Certified Program (MA-C)

Completion of the Medication Assistant Program and successfully passing the MA certification exam provides opportunity to work as a MA-C in designated long term care facilities as regulated by the

Arkansas State Board of Nursing (ASBN). Testing and certification for the MA Program is offered through Headmaster LLP. The Medical Terminology course is a co-requisite course and is required to attain the Basic Certificate in Medication Assistant. Students must complete the both courses with a grade of “C” or better.

Program Requirements:	Credit Hours
AH 16106 Medication Assistant	6
AH 16011 Medical Terminology	<u>1</u>
Total Credit Hours	7

BC in Medication Assistant: Minimum Scores Required			
	Math	English	Reading
ACT	11	11	13
ACCUPLACER-CL	26A	52	36
ACCUPLACER-NG	216A	224	224

Academic Progression:

The MA Program is competency based in skills and theory. In order to successfully complete the program and obtain the Certificate of Proficiency in Medication Assistant, a student must have satisfactory clinical performance and achieve an overall course average of “C” or 75% or higher. Any student not maintaining a "C" or better in either the Medication Assistant or Medical Terminology course will not be successful in program completion and will not obtain the certificate of proficiency in Medication Assistant.

Course and Clinical Attendance:

Enrolled students are expected to attend all classes, be on time, and remain in each class for the scheduled class time. Strict attendance records are maintained and students must attend the scheduled clinicals in its entirety to satisfactorily complete the course.

Course Completion:

Students must attain a final grade of “C” or (75%) or greater to successfully pass the MA and Medical Terminology courses. Both the MA course and Medical Terminology Course must be successfully completed with a grade of “C” or (75%) or greater to receive the Certificate of Proficiency in Medical Assistant.

Both a minimum average of 75% or grade of “C” or better in the theory and a score of “Pass” in the Clinical component of the MA course must be attained to pass the MA Course. Failure of either component of the course (classroom or clinical) will result in a failure for the MA course.

The Grading Scale for the Medication Assistant Program is as follows:

MA Grading Scale (%)	
Percentage	Grade
93-100	A
85 - 92	B
75 - 84	C
74 - 65	D
0 - 64	F

Readmission Policy:

Students who are not academically successful in the MA Program may reapply for the next scheduled course. All admission criteria must be met for the second application and admission process. If the student is unsuccessful on the second attempt in the program, they may reapply after 1 year with all admission criteria being met at the time of application.

Students dismissed from the MA for unprofessional conduct may not be eligible for readmission into the MA program or other Nursing or Allied Health Programs at ANC.

Conviction of a Crime

Any student, who has been or is convicted of a crime, either prior to entering the MA program or during the course of the program, **must report** this conviction to their Instructor. **Failure to report the crime may result in an immediate suspension and/or dismissal from the MA Program.**

Persons with a criminal record, substance abuse problems, and or health problems that would interfere with safe practices may be ineligible for placement on the state registry and/or for employment.

Refer to Arkansas State Board of Nursing – Nurse Practice Act - SUBCHAPTER 7 – Medication Assistive Persons and the Arkansas State Board of Nursing Rules Chapter 8, Medication Assistant –Certified.

Health and ImmunizationsHealth Statement

Students are required to complete the Health Statement Form and submit during registration or by the first day of class. The requested health data and history information is kept confidential and will be used only as an aid in providing necessary health care if an emergency were to arise or to determine if medical clearance is necessary prior to entering the program. Students who are pregnant or who have an altered health status must have written approval from their physician to enter or continue in clinical rotations. Students must meet all stated clinical outcomes and objectives along with meeting all attendance requirements.

Health Insurance

Arkansas Northeastern College does not provide medical related services, nor does the College assume responsibility for injuries incurred by students during any College activity. Medical services may be obtained from local doctors, clinics, and hospitals at the student's expense. All students are encouraged to carry their own health and accident insurance throughout the program.

Immunization Requirements for all Enrollees at Arkansas Colleges and Universities:

Arkansas State Law, Act 141 of 1987, requires college students born after 1/1/57 to provide proof of immunity against measles, mumps, and rubella within 30 calendar days of enrollment. **Two MMR** immunizations are required. Exemptions shall be granted only by the Department of Health and must be applied for each academic year. Forms can be obtained by e-mail only at www.immunization.section@arkansas.gov after July 1, each year.

Nursing and Allied Health MMR Immunization Policy: Arkansas law requires all full-time students born on or after January 1, 1957 to provide proof of immunization against measles, mumps, and rubella (MMR) or immunity, or medical or non-medical exemption, or birth before 1957.

- Proof of Immunization: The immunization must be given in two doses. The first dose of the MMR must be given before the first birthday and after 1/1/1968. The second dose must be given at least 28 days after the first. Refer to Table III of the Arkansas State Board of Health, Rules and Regulations Pertaining to Immunization Requirements, page 16. Accepted proof of immunizations shall be those on an immunization record provided by a licensed physician, health department, military service or an official record from another educational institution in Arkansas. All accepted immunization records shall state the vaccine type and dates of vaccine administration.
- Proof of Immunity: In lieu of receiving vaccine students may provide proof of immunity. Students must submit serological test results (titers) appropriate for all three diseases (measles, mumps, and rubella) to the Arkansas Department of Health (ADH) along with a letter requesting approval of immunity. Please send letter and test results to:
Arkansas Department of Health
ATTENTION: Immunization Section
4815 West Markham Street
Little Rock, AR 72205

After the Medical Director of the Immunization Section of the ADH has reviewed the letter and results, the student will receive either an approval or denial letter. If approved, it is the student's responsibility to provide ANC Registrar a copy of the letter for placement in the student's permanent file. Thereafter, annual approval is not required. If denied, the student must receive the required immunization or request an exemption (see below) through the Arkansas Department of Health.

- Medical or Non-medical Exemption: Students may apply for an authorized exemption (medical, religious, or philosophical) from the Arkansas Department of Health. Exemptions must be applied for each academic year. Forms can be obtained after July 1, each year by e-mail only at: <http://www.healthy.arkansas.gov/programsServices/infectiousDisease/Immunizations/Documents/2017-2018%20College%20Immunization%20Exemption%20Application%20Packet.pdf>

Other Immunization Requirements: Students admitted to the Medication Assistant Program must have a tetanus or tetanus booster if it has been greater than 10 years since their last booster. As a condition of admission in the MA Program, all students are required to provide at the beginning of the course documentation of a negative tuberculin (TB) skin test or in the event of a positive TB skin test, a negative chest x-ray within the past three years; OR provide evidence of no TB disease per negative result of interferon-gamma release assays (IGRAs) blood tests (T-SPOT or QuantiFERON).

Students entering the MA Course must realize the potential for exposure to the Hepatitis B virus. Faculty recommends appropriate documentation of a completed series of Hepatitis B immunizations or consent to and be in the process of receiving the series of the 3 injections prior to any contact with patients. If a student refuses or has reason to believe that the vaccine is contraindicated for him/her, the student must sign a declination form acknowledging the risk of Hepatitis B infection in a healthcare setting. Students are required to have an annual seasonal influenza vaccine and it is recommended students who have not had the chicken pox receive the Varicella Vaccine.

COVID-19 Vaccinations

The Division of Allied Health at Arkansas Northeastern College does not mandate COVID-19 vaccination

as a requirement for enrollment in any of their courses or programs and in compliance with AR ACT 1030, does not request a student's COVID-19 vaccination status. However, clinical affiliates may mandate and require proof of the vaccine for both faculty and students attending their facilities for clinical experiences. Currently there are several facilities that mandate the COVID-19 Vaccine.

In order to ensure all students are provided an equitable clinical educational experience necessary to meet required course and program objectives, students must be eligible for placement in any approved clinical site. ANC Nursing & Allied Health faculty will not make exceptions by scheduling alternate clinical sites or assignments based on vaccination status. Students ineligible to meet their clinical assignments will not be successful in meeting their course objectives.

Functional Ability

Medication Assistants are a practice discipline, with cognitive, sensory, affective, and psychomotor performance requirements. The knowledge, skills and abilities to safely and effectively practice as a Medication Assistant-Certified is important. To ensure that your decision to become a MA is the correct the faculty asks that you understand the physical, emotional, and professional demands of a MA-C. Take into consideration whether you can perform the following functions, with or without accommodations. If you determine that you are unable to do any of the skills listed and you have a documented disability, you will then need to determine if a reasonable accommodation can be provided. Throughout the MA course and upon entering practice as a MA-C in the healthcare workforce, you will find yourself in a variety of learning experiences. You will need to take into consideration the specifics of each body position and the percentage of time the skill requires in order to determine if reasonable accommodations can be provided. To request an accommodation, you will need to contact Arkansas Northeastern College's Student Services office and present documentation of your disability.

Functional Ability Categories, Descriptions and Representative Activities and Attributes

1. Gross Motor Skills:

Students must be able to:

- move in confined spaces
- maintain balance
- turn and twist body from side to side
- reach above and below the waist and above the head and in front of the body
- push, pull, stabilize, twist, and freely move arms to allow movement of 50 pounds as in moving an object or transferring a client from one place to another

2. Fine Motor Skills:

Students must be able to:

- Demonstrate hand and finger coordination that allows student to grasp, twist, pinch and squeeze (e.g. Handling a medical record, opening packages of disposable supplies, opening jars and bottles)
- strength to work with objects weighing 5lbs for at least 5 seconds

3. Senses: Smell, Hearing and Vision:

Students must be able to:

- detect differences in body and environmental odors
- hear and understand voices spoken at a normal speaking volume within a distance of 10 feet
- hear faint noises such as whispers and client's breathing patterns within a range of 3 feet
- see objects clearly within a minimum of 20 feet
- have depth perception and peripheral vision to allow identification of dangerous objects and client situations within the client room
- read and interpret written data held at normal reading distance
- hear moderate sounds such as IV pump alarms, patient nurse-call systems, intercoms, telephones

4. Emotional Stability:

Students must be able to:

- interact and support clients during times of stress and emotional upset
 - adapt to changing situations and emergency conditions while maintain emotional control
 - cope with strong emotions and physical outbursts of clients while remaining in a reasonable state of calm
 - focus attention on client needs despite interruptions and multiple demands
 - focus attention on tasks through to completion
- 5. Interpersonal Skills:**
Students must be able to:
- apply knowledge gained in classroom to establish appropriate relationships with clients, families, and co-workers
 - interact as a member of the health care team
 - respect, accept and accommodate to the extent possible diversity in culture, religion, sexual orientation, marital status, socio-economic status, and abilities and disabilities
 - successfully manage interpersonal conflict
- 6. Reading:**
Students must be able to:
- read and understand information at the level of the minimum passing score on the entrance assessments
 - understand and document using charts, graphs and worksheets
 - read and understand digital and computer displays
- 7. Math:**
Students must be able to:
- perform basic math including add, subtract, multiply, and divide
 - count and understand the meaning of numbers
 - measure length by reading a tape measure or ruler
 - tell time on a clock
- 8. Tactile Ability:**
Students must be able to:
- distinguish subtle vibrations through the skin (pulse)
 - move quickly in case of emergency situations
 - identify the subtle difference in surface characteristics (feel a raised rash, swelling)
 - detect temperature (e.g. Skin, liquids, environment, equipment)
- 9. Mobility:**
Students must be able to:
- squat or modified squat (one knee on floor) for at least 1 minute
 - climb and descend a flight of stairs in succession
 - walk independently without the assistance of a cane, walker, crutches, wheel chair or the assistance of another person
 - move quickly (e.g. responding to emergencies)
 - walk (e.g. walk with client)
- 10. Environmental & Physical Endurance:**
Students must be able to:
- demonstrate stamina sufficient to maintain continuous physical activity for a period of time from 5-8 hours
 - tolerate exposure to common allergens such as :pets (e.g. service or therapy animals), body lotions and soaps (e.g. patient hygiene products), cleaning products (e.g. antiseptics, disinfectants)
 - tolerate working in confined areas with temperatures as high as 90 degrees (e.g. assisting with showers and baths)
- 11. Speech and Communication:**
Students must be able to:
- interact with others to report observations and advocate for the needs of clients
 - speak, write and understand English at a level to effectively communicate with clients as well as report and document client information
 - understand flow charts, graphs to interpret data and enter data

**Arkansas Northeastern College
Medication Assistant (MA) Program Projected Cost List 2021-2022**

Tuition	Per Credit Hour	
Mississippi County Residents	\$72.00	
Out of County Residents	\$82.00	
Bootheel & Tennessee Border	\$82.00	
Out of State Residents	\$132.00	
International Students	\$132.00	
		In County Totals
Estimated Tuition: In County Fees		
Medication Assistant (MA) Course (\$72 per credit hour x 6)		\$432.00
Medical Terminology (\$72 per credit hour x 1)		\$72.00
Technical Fee (\$14.00 per credit hour x 7)		\$98.00
Registration Fee (\$25.00/semester x 1)		\$25.00
ZOOM/INET Course Fees (\$20/credit hour x 7)		<u>175.00</u>
	In County	\$802.00
	Out of County	\$872.00
 Other MA Program Costs		
Background Screening		\$55.00
Required Textbooks		\$200.00
Uniforms, Shoes & Accessories		\$100.00
Hepatitis B Immunization/TB Skin Test/Vaccines		\$160.00
CPR Course/Card		<u>\$20.00</u>
		\$535.00
 Program Completion Fees		
MA Certification Exam Application Fee		\$71.00
AR State Board of Nursing Certification Fees		\$35.00
		\$106.00
 Total Program Projected Cost:	In County Total	\$1,443.00
	Out of County Total	\$1,513.00

**Costs are estimated at time of document completion and are subject to change. Updated 9/2021*

**Arkansas Northeastern College
Medication Assistant Course
Application Packet**

Arkansas Northeastern College
Medication Assistant Course
Application for Admission (Page 1)

Please complete and return this application as follows:

Hand Deliver or Mail to ANC Advising Center/Mr. Jackson Neil

Arkansas Northeastern College

Attention: Jack Neil, Advising Specialist

2501 South Division

P.O. Drawer 1109

Blytheville, AR 72316-1109

Applying for: Fall ___ Spring ___ Summer ___

Date of Application: _____ Received (Office only) _____

Name: _____

(Last)

(First)

(Middle)

(Maiden)

Mailing Address: _____

(City)

(State)

(Zip)

Physical Address: _____

(Street Number)

(City)

(State)

(Zip)

Contact Numbers: Home _____ Work _____ Cell _____

Date of Birth: _____ Student ID #: _____

Current E-mail Address: _____

Did you graduate High School or obtain a GED ___ Yes ___ No

If you did not complete High School, what was your highest grade completed. _____

Have you attended Colleges, Universities or other Schools? ___ Yes ___ No

If yes, list name of Institution, dates attended and hours/degree type completed.

1. _____

2. _____

Are you a current Certified Nursing Assistant in Arkansas? ___ Yes ___ No

Where did you complete CNA Training? _____ Date Completed _____

Do you have any other license/certification in the healthcare profession? ___ Yes ___ No

In yes, please provide type of license/certification _____

Current Employer and Date of Hire: _____

Have you ever been convicted of a Crime? ___ Yes ___ No

Arkansas Northeastern College
Medication Assistant Course
Application for Admission (Page 2)

Medication Assistant (MA) Program Applicants must meet all the following eligibility requirements to be considered for admission into the MA program.

- I have received and read the Information Guidelines for the Medication Assistant Program from Arkansas Northeastern College regarding admission policies and requirements.
- I understand that it is my responsibility to ensure that all admission criteria are met and to submit all supporting documentation to be considered for acceptance into the MA Program.
- I acknowledge I have read, understand, and will abide by the policies and guidelines in the ANC Return to Campus Plan 2020-2021 and any subsequent COVID-19 pandemic related updates and or announcements posted on the ANC Portal.
- **Perspective students must apply to Arkansas Northeastern College and meet all the admission criteria for the MA Program and the College to include:**
 - Minimum age of 18 years.
 - Earned high school diploma or successfully passed the general educational development (GED) test.
 - Able to speak, read, write and understand English.
 - Maintained registration on the Arkansas certified nurse aide registry continuously for a minimum of one (1) year. Persons with a criminal record, substance abuse problems, and or health problems that would interfere with safe practices may be ineligible for placement on the state registry and/or for employment.
 - Completed at least one (1) continuous year of full-time experience as a certified nursing assistant (CNA).
 - Is currently employed at a designated long term care facility in Arkansas.
 - Submit to a criminal background check as outlined in the MA Information Guidelines.
 - Current (not expired) American Heart Association Basic Life Support for the Health Care Provider (CPR) certification (required).
 - Proof of negative tuberculin skin test (TST) or negative chest x-ray if the skin test is positive.
 - Meet the MA Functional Abilities to include being in good health and be able to lift 50 pounds throughout the entire class and clinical sessions.
- I have read and understand the Functional Ability Categories, Descriptions, and Representative Activities and Attributes.
- I understand that Medication Assisting is a discipline with cognitive, sensory, affective, and psychomotor performance requirements. I understand that, if necessary and if I meet certain documentation requirements of a disability, I must contact ANC Student Services at (870) 762-3180 to request accommodations.

I acknowledge that all information provided is true and that misrepresenting the truth will result in denial of admission and/or dismissal from the ANC Medication Assistant Course. I understand that persons convicted of certain crimes may not be eligible to attend clinical or take the MA Certification Exam.

Print Name (legible please)

Student Signature

Date

**Arkansas Northeastern College
Allied Health Programs
(Medication Assistant)
Personal Health Data and Medical History**

The information provided on this form is confidential and will be used only as an aid in providing necessary health care if an emergency were to arise while a student is participating in one of the Allied Health Programs or to determine if medical clearance is necessary prior to entering the program. Students who are pregnant or who have an altered health status must have written approval from their physician to enter or continue in clinical rotations. Students must meet all stated clinical outcomes and objectives along with meeting all attendance requirements.

Name _____ Student ID # _____
 Last First Middle

Address _____ Phone # _____
 Street City State Zip

Date of Birth _____ Age _____ Gender _____ Height _____ Weight _____

Physician _____
 Name Address Phone #

Known Allergies _____

Person to Notify in Case of Emergency Phone# Relationship

Attach proof of current **Tuberculosis skin test** or chest x-ray, as appropriate.

Students are responsible for their own Health and Accident Insurance.

ANC does not provide medical related services, nor does the College assume responsibility for injuries incurred during any College related activity.

Please respond to the following health related questions by indicating “yes” or “no”:

Condition	Have you ever had:		Do you presently have:	
	Yes	No	Yes	No
Orthopedic (Bone) Problems	Yes	No	Yes	No
Chemical Dependency (Alcohol/Drugs)	Yes	No	Yes	No
Chronic Communicable Disease	Yes	No	Yes	No
Psychiatric (Mental Health) Problems	Yes	No	Yes	No
Dental Problems	Yes	No	Yes	No
Neurological (Nerve) Problems	Yes	No	Yes	No
Cardiovascular (Heart) Problems	Yes	No	Yes	No
Respiratory (Lung) Problems	Yes	No	Yes	No
Other Significant Health Problems List:	Yes	No	Yes	No

Please describe any health problems below. Include duration, treatments, and resolution of the health problems.

Please list any medications you are currently taking (prescribed and over-the-counter)

Medical clearance is required on any health problem that could interfere with the ability of the student to meet the performance criteria for the program, endanger the safety of a patient and/or jeopardize the health of the student if he/she attempts to meet the performance criteria.

I understand that being a student in the Allied Health Programs and to practice as a NA or Phlebotomist will require me to have certain functional abilities as documented in the respective Program's Information Guidelines.

Student Printed Name

Student Signature

Date

For Instructor use only:

After review of the Student's Health Statement and in consultation (if indicated) with the student, I am requesting Medical Clearance: Yes _____ No _____

Comments/Notes:

Instructor Signature

Date

**Arkansas Northeastern College
Allied Health Programs
(Medication Assistant)
Hepatitis B consent/Waiver Form**

I understand that due to my occupational exposure to blood and other potentially infectious materials during any on the Allied Health Programs and in my career as a NA or Phlebotomist, I may be at risk for acquiring the Hepatitis B Virus (HBV) infection and /or other infectious diseases. I am being encouraged to take advantage of the ability to receive the Hepatitis B vaccination at the clinician of my choice. The following documentation is record that I am in the process of receiving the vaccine. I understand that after each vaccine, documentation will be provided to my instructor so that this record may be updated.

Hepatitis B Vaccine # 1: _____
Date received: By:

Hepatitis B Vaccine # 2: _____
Date Received: By:

Hepatitis B Vaccine # 3: _____
Date Received: By:

Printed Student's Name Student's Signature Date

I have previously received the Hepatitis B Vaccine on the following dates:

#1 _____ #2 _____ #3 _____

Printed Student's Name Student's Signature Date

I choose not to take the Hepatitis B Vaccine:

I understand that by declining this vaccine I continue to be at risk for acquiring Hepatitis B, a serious infectious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I desire to be vaccinated with the Hepatitis B Vaccine, I will do so at that time.

Printed Student's Name Student's Signature Date