



**SOUTH FLORIDA STATE COLLEGE
EMS PROGRAM
HEPATITIS C IMMUNIZATION DECLINATION FORM**

Sign the statement in the presence of a Notary.

This will certify that I, the undersigned, understand the risk of exposure to, and possible complications that may occur as a result of contact with persons infected with Hepatitis C (by contact with contaminated blood and body fluids). I understand that the South Florida State College EMS Program will make available personal protective equipment for my use (at my expense). Should I contract Hepatitis C while participating in the hospital or ambulance internship as a student, I will hold South Florida State College, its affiliates, and staff harmless.

Student Name (Print)

Student Signature

Date

Sworn to and subscribed before me this

_____ day of _____ 20__

Proof of Identity:

State of Florida Drivers License # _____

This person signing this document is personally known to me

Notary Public, State of Florida at Large