



Dear Future Cosmetologist:

We are pleased that you have decided to attend Lake Area Technical College, and make a career in a cosmetology field. The cosmetology field is challenging and exciting, always changing, and, most of all, rewarding. However, as in all occupations, there are risks to the cosmetologist. We feel that you need to be informed as to how you can protect yourself prior to entering your chosen occupation.

Our society today has heard a great deal of information regarding HIV—Human Immunodeficiency Virus (commonly referred to as AIDS). Are you aware that your chances of contracting HIV are VERY minimal in health care? Certain lifestyles put an individual in the high risk category. The virus that we are most concerned about is Hepatitis B Virus (HBV). The chance of contracting HBV is at least 30 times greater than HIV. Please be informed that you can protect yourself against this virus.

Scientists now know of at least three types of viruses that cause three of the common types of hepatitis. These three are known as Hepatitis A, Hepatitis B and Hepatitis C. Hepatitis B is very serious because of the many ways it can be acquired and its potential for complications. HBV is primarily spread by contact with infected blood and blood products but may also be found in other body fluids such as urine, tears, semen, vaginal secretions and breast milk. Since the virus attacks the liver, complications that may occur are hepatitis, cirrhosis or eventually liver cancer. The greatest number of those infected become carriers of the HBV and can transmit the virus to others and/or at a later date show symptoms of the above complications. However, statistics show that most people recover if they contract the virus and become ill.

THE GOOD NEWS IS—You can protect yourself! You can be immunized with the Hepatitis B vaccine which, according to the CDC, stimulates active immunity against HBV and provides over 90-98% protection against the virus. This percentage of protection is just as great as the common immunizations against diphtheria, tetanus, measles, etc.

Our recommendations for you are:

1. Visit with your family physician in regard to being immunized against HBV.
2. Contact your health insurance agent to see if your policy will help pay for this immunization. The present vaccine is given in 3 doses and the cost ranges up to \$150.
3. If you are 18 years old or younger, you should visit with your County Health Nursing Office as the price will be considerably less.
4. Talk with your family members when making your decision.
- 5. Begin your immunizations prior to attending school.**

Please be informed that this is a voluntary choice! If you choose not to be vaccinated, you must sign a waiver stating that you have been informed of the Hepatitis B vaccine.

If you choose to be vaccinated, please bring proof of vaccination with you.

If you have any questions, PLEASE feel free to call us at any time. We look forward to seeing you in our Cosmetology program!

Sincerely,

The Cosmetology Staff

HEPATITIS B RELEASE FORM

Name _____ Program _____

As a student enrolled in the above stated program, I have been informed of the Hepatitis B virus. This information included how the virus is transmitted, complications that may occur if I am exposed, and that a vaccine is available that would give me over a 90% protection against this virus. I have also been informed that receiving the vaccine is strictly a voluntary choice and is not required to be a student in the above stated program, but that it has been strongly recommended.

At this time, I have voluntarily made the decision not to be immunized against the Hepatitis B virus. In making this decision, I accept full responsibility for my decision and understand that OSHA regulations require only health care facilities to make the vaccine available for their own employees. Since I am not an employee of Lake Area Technical College, in no way may I bring charges against Lake Area Technical College if I am exposed to the Hepatitis B virus during my education. I am also aware that clinical sites may not accept me for training if I choose not to receive the vaccine. Clinical experience is essential for graduation.

Signature _____ Date _____

PLEASE BE INFORMED THAT THIS RELEASE FORM WILL BE PLACED IN YOUR STUDENT FILE. A COPY OF THIS FORM WILL BE GIVEN TO YOU UPON REQUEST.