



Due to possible occupational exposure to blood or other potentially infectious materials all accepted applicants for the TCM Master’s Program at Five Branches University are strongly advised to be immunized for the Hepatitis B virus.

**Applicant Information** (To be completed by Applicant)

Name (Print clearly)

Social Security Number

Date of Birth

Five Branches campus you are applying to

**Hepatitis B Vaccination** (Please initial appropriate categories)

\_\_\_\_\_ I have been vaccinated for the Hepatitis B virus and do not need to be re-vaccinated at this time. I am providing a copy of the immunization record for my Five Branches University student file.

\_\_\_\_\_ I decline the Hepatitis B vaccination. I understand that due to possible occupational exposure to blood or other potentially infectious materials, I may be at risk for acquiring the Hepatitis B virus, a serious disease. If I choose to receive the Hepatitis B vaccination series at a later date, I will provide a copy of the immunization record for my student file.

\_\_\_\_\_ I have received information regarding local area resources for low or no cost Hepatitis B vaccinations.

**Blood Borne Pathogen Awareness Information**

\_\_\_\_\_ As part of my clinical training at Five Branches University, I will be provided with Blood borne Pathogen Awareness information. I will follow clinic safety procedures and guidelines as outlined in the Clinic Manual and will use Universal Precautions to avoid unnecessary risk of blood borne pathogen exposure.

All medical records will be kept confidential and will not be released without the signed consent of the student.

Applicant Signature

Date

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