



**BELMONT**  
COLLEGE

**Nursing Programs Immunization Non-Conversion**

- I understand that due to the potential for occupational exposure, I may be at risk of acquiring COMMUNICABLE DISEASES. Hepatitis B virus (HBV), Measles Mumps Rubella (MMR), or Varicella infection and have been encouraged to be vaccinated to reduce the risk of acquiring these diseases.
- I also understand that lack of immunization may limit my clinical experiences, since some clinical agencies require students to prove immunization to these diseases.
- I have received immunization per CDC requirement and may have not converted immunity even with repeat boosters or immunization.
- My practitioner has verified that continued immunization would not be beneficial and that I am considered a “non-converter”.
- I have provided records of immunization and titer proof of non-conversion.
- I accept full responsibility of contraction of disease if exposed and understand I will not be permitted in class, lab or clinical while contagious.

Student’s PRINTED Name \_\_\_\_\_

Student’s Signature and Date \_\_\_\_\_