Athletic Training Education Program

HEPATITIS B VACCINE STUDENT DECLINATION

I understand that due to my possible clinical exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I recognize the need to be vaccinated with Hepatitis B vaccine at my own expense; however, I decline Hepatitis B vaccination at this time.

If exposed to Hepatitis B, and I contract the disease during the course of my education, I release any responsibility on behalf of the Athletic Training Education Program and the institutions/organizations/individuals involved in delivery of the education program.

________________________________________  __________________________________________  _________________
ATEP Student Name                        ATEP Student Signature                  Date

________________________________________  __________________________________________  _________________
Witness Name                             Witness Signature                        Date