

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