Hepatitis B Vaccination or Declination Form

Hepatitis B (HBV) is the most common serious liver infection in the world. It is caused by the hepatitis B virus that attacks the liver. The virus is transmitted through blood and infected bodily fluids. This can occur through direct blood-to-blood contact, unprotected sex, use of non-sterile needles, and from an infected woman to her newborn during the delivery process. The good news is that there is a simple blood test to find out if you have been infected. There is also a safe and effective vaccine to protect you and your loved ones against hepatitis B.

The profession of Athletic Training requires contact with individuals in clinical settings that may be infected with the Hepatitis B virus. I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series.

YOU MUST CHECK ONE

☐ I have received the Hepatitis B vaccine series prior to arriving on campus. Dates of vaccinations can be provided upon request.

☐ I decline the Hepatitis B vaccination at this time.

Name: ____________________________________________ Date: ________
Please Print

Signature: ____________________________________________ Date: ________

Sign the list below in the program lists folder

<table>
<thead>
<tr>
<th>I already have the Hepatitis B vaccination series.</th>
<th>I decline the Hepatitis B vaccination series.</th>
<th>Date</th>
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