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/or the ACCK-ATEC.

____________________ ______________________ ______________
ATEP Student Name  ATEP Student Signature  Date

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Witness Name  Witness Signature   Date