

HEPATITIS B VACCINE RECOGNITION

Within the athletic training profession, there is a potential for occupational exposure to blood or other bodily fluids. Blood and bodily fluids may contain a virus known as Hepatitis B. This virus can cause serious illness. The Occupational Safety and Health Organization (OSHA) requires that institutions offer the Hepatitis B vaccine to those who may be exposed to this virus as a part of their job or educational requirements. At this time, you are being asked to decide if you wish to be vaccinated for Hepatitis B. Please read the following 3 choices and select the one with which you feel most comfortable.

Hepatitis B Vaccine Acceptance

Because of my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus. I have been given the opportunity and have accepted to receive the hepatitis B vaccine at no cost to myself. These vaccinations must be scheduled with the Student Health Center. This includes a series of 3 shots that must be documented below.

_____ Name (Printed)	
_____ Signature	Date

Hepatitis B Vaccine Declination (I am already vaccinated)

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 (HBV) infection. I have already been vaccinated against the Hepatitis B virus. Documentation of this vaccination is included on my "Immunization Record", included in my application.

_____ Name (Printed)	
_____ Signature	Date

Hepatitis B Vaccine Declination (I do not wish to be vaccinated)

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 (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no cost to myself. 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 at no charge to me.

_____ Name (Printed)	
_____ Signature	Date