

**ATHLETIC TRAINING STUDENT
HEPATITIS B VACCINE STATEMENTS**

Please choose only ONE of the following options:

HEPATITIS B VACCINE COMPLETED STATEMENT:

I, _____, understand that due to my exposure to blood and other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. By signing below, I confirm that I have been vaccinated with hepatitis B vaccine and that I will submit documentation of such.

Signature: _____ Date: _____

Witness: _____ Date: _____

HEPATITIS B VACCINE REQUESTED STATEMENT:

I, _____, understand that due to my exposure to blood and other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. By signing below, I confirm that I choose to receive the hepatitis B vaccine series. I understand that it is my responsibility to follow up with a healthcare provider in order to receive the vaccine series. I also understand that I will be responsible for any and all costs associated with the vaccine series.

Signature: _____ Date: _____

Witness: _____ Date: _____

HEPATITIS B VACCINE DECLINATION STATEMENT:

I _____, understand that due to my exposure to blood or other infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. By signing below, I acknowledge that I have the option to be vaccinated with the hepatitis B vaccine; however, I choose not to be vaccinated. 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 want to be vaccinated with hepatitis B vaccine I may choose to do so. In the event that I elect to do so, I will submit an updated version of this form. I understand that it will be my responsibility to follow up with a healthcare provider in order to receive the vaccine series. I also understand that I will be responsible for any and all costs associated with the vaccine series.

Signature: _____ Date: _____

Witness: _____ Date: _____