



PARK
UNIVERSITY SM

PARK UNIVERSITY ATHLETIC TRAINING EDUCATION PROGRAM Hepatitis B Vaccination or Waiver

Decline the Hepatitis B Vaccination Program

I understand that due to my occupation exposure to blood or other potential infectious material I maybe at risk of acquiring hepatitis B virus (HBV) infection. I have read the informed statement below on the potential risk and consequences with contraction of hepatitis B. However, I decline to get the 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 may do so at my cost.

Student Name (Print)

Student Signature

Date

Consent for Hepatitis B Vaccination

I hereby acknowledge that I have been advised of: (1) the risks and complications in contacting hepatitis B (2) the availability and advisability of the hepatitis B vaccine program, including the alternatives, risks, and benefits of the vaccine (3) possible consequences of not receiving the hepatitis B vaccine. I have read the information about hepatitis B and the vaccine located on the bottom of this sheet, and have had the opportunity to ask questions which were answered to my satisfaction. At this time, I consent to receive the hepatitis B vaccine. I understand that participation in this vaccination program is completely voluntary; it is not a requirement of my academics.

Student Name (Print)

Student Signature

Date

Vaccination Record:

History of Hepatitis B Infection ___ Yes ___ No
Previously Vaccinated: ___ Yes ___ No
Antibodies Present: ___ Yes ___ No
Hepatitis B Antibody: _____ Result _____ Date

Vaccine Type

	Date	Site	Lot#	Initial
Inj. #1	_____	_____	_____	_____
Inj. #2	_____	_____	_____	_____
Inj. #3	_____	_____	_____	_____

Comments: _____

Hepatitis B – is a major cause of viral infection; it results in swelling, soreness, and loss of normal liver function. Signs and symptoms include flu like symptoms such as fatigue, weakness, nausea, abdominal pain, headache, fever, and possibly jaundice. Hepatitis B virus can survive for at least one week in dried blood or on contaminated surface and may be transmitted through contact with these surfaces. Caution must be taken to avoid contact with any blood or other fluid that potentially contains a blood borne pathogen.