

# Athletic Training Education Program

## HEPATITIS B VACCINE STUDENT DECLINATION

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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 Sterling College Athletic Training Education Program.

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ATEP Student Name

\_\_\_\_\_  
ATEP Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date