

**KSU ATEP
HEPATITIS B IMMUNIZATION CONSENT FORM**

I have been informed about Hepatitis B vaccine. I have had the opportunity to ask questions, which were answered to my satisfaction. I request that the Hepatitis B vaccine be given to me and I understand that there is a possibility that no immunity from Hepatitis B will result subsequent to the vaccine. I further acknowledge that I do not have any of the conditions that would preclude me from being vaccinated.

Signature of Athletic Training Student

Date

Signature of Athletic Training Student

Date

Record of Shots:

1st Dose _____ _____ _____
 Date Student Signature Nurse/Physician/PA

2nd Dose _____ _____ _____
 Date Student Signature Nurse/Physician/PA

3rd Dose _____ _____ _____
 Date Student Signature Nurse/Physician/PA

Document shots above, a copy of a completed shot record will be maintained in your permanent folder with the program director.

HEPATITIS B IMMUNIZATION DECLINATION FORM

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) infections. I have been given the opportunity to be vaccinated with Hepatitis B vaccine. However, I decline Hepatitis B vaccination at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring Hepatitis B.

Signature of Athletic Training Student

Date

Signature of Witness

Date