

# **UMobile Athletic Training Program**

## **Athletic Training Student Hepatitis B Waiver Statement**

*(Knowing Waiver)*

The following statement of waiver of hepatitis B vaccination must be signed by an athletic training student who chooses not to undergo the vaccination. This statement can only be signed by the student following appropriate training regarding hepatitis B, hepatitis B vaccination, the efficacy, safety, method of administration, and benefits of vaccination.

### **Knowing Waiver Statement**

I understand that due to my clinical exposure, as part of the University of Mobile Athletic Training Program, 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 educated regarding the benefits of the vaccination: 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.

Athletic Training Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Form Review by UMobile ATP Faculty Member:

ATP Faculty Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_