

**Delta State University  
Athletic Training Education Program**

**Hepatitis B Vaccine Wavier Form**

All athletic trainers, who have been identified as being at risk for exposure to blood or other potentially infectious materials, are offered the Hepatitis B vaccine. An Athletic Training Student may contact the staff at Delta State University's O.W. Reilly Student Health Center for additional information and local referral for the three series vaccine.

**I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B Virus (HBV). I wish to be vaccinated at this time at either the Student Health Center on the campus of Delta State University or another medical facility location.**

_____ Student Signature	_____ Date
_____ Staff/Witness Signature	_____ Date

**I have been given the opportunity to be vaccinated. However, I decline the vaccine 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 the Hepatitis B vaccine, I can receive the vaccination series at one of the above locations.**

_____ Student Signature	_____ Date
_____ Staff/Witness Signature	_____ Date