

**UNION UNIVERSITY
HEPATITIS B VACCINATION ACCEPTANCE OR DECLINATION**

I have attended a training session on bloodborne pathogens and have received information about the hepatitis B virus. I understand that in my clinical education field experiences there is a potential for bloodborne pathogen exposure, and that I could contract hepatitis B from such exposure.

I have received written educational material about hepatitis B and the vaccination and have been given the opportunity to ask questions related to each. I understand the risks and benefits of taking this vaccination series. I understand that I must have all three doses of vaccine to protect me from becoming infected should I be exposed to the hepatitis B virus.

I understand that, as with all medical treatment, there is no guarantee that I will become immune, that the vaccine will prevent me from developing hepatitis B, or that I will not experience an adverse effect from the vaccine. I understand that my decision to accept or decline the vaccination series will have no effect on my work or student status at Union University.

ACCEPT: *I accept the opportunity to have the hepatitis B vaccination series.*

Signature

Date

Printed name

Witness signature and position

DECLINE: *I decline the hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B. If I decide at a later date, while still attending Union University, to have the hepatitis B vaccination series, I can still receive the vaccine at Student Health Services for the sum of \$150.00.*

Signature

Date

Printed name

Witness signature and position

I HAVE ALREADY BEEN VACCINATED for hepatitis B. I will provide written documentation verifying vaccination to the Athletic Training Education Program Directory and PEWS liaison to the Safety Control Officer at Union University.

Signature

Date

Printed name