

Hepatitis B Virus Vaccination Declination Statement

UNL Bloodborne Pathogens/Exposure Control Plan

(Revised 5/2022)

I understand that as an athletic training student (ATS) in the University of Nebraska – Lincoln Athletic Training Program (UNL ATP) I may be exposed to blood or other potentially infectious material. As such, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I understand the UNL ATP encourages all ATS to be vaccinated with the Hepatitis B Vaccine. I understand that if I am not vaccinated, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I want to be vaccinated with the Hepatitis B vaccine, I will notify the UNL Athletic Training Program Director (ATPD) and provide verification of my Hepatitis B vaccination to the ATPD.

☐ ***By checking this box and signing the form below I understand that I am declining the Hepatitis B vaccination.***

Athletic Training Student Name (Please Print)

NU ID

Athletic Training Student Signature

Date

Parent or Guardian printed name
if ATS is a minor

Parent or Guardian signature
If ATS is a minor

Date