

**MURRAY STATE UNIVERSITY  
ATHLETIC TRAINING – SPORTS MEDICINE  
ATHLETIC TRAINING EDUCATION PROGRAM  
Hepatitis B Vaccination Declination/Waiver**

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) infection. I have been advised to have the hepatitis B vaccination. 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. 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 hepatic B vaccine, I can receive the vaccination series at my expense.

\_\_\_\_\_  
Athletic Training Student's Signature

\_\_\_\_\_  
Date

This form will be placed in the athletic training student's file located in the Program Director's office.