



**Wichita State University**  
**Department of Human Performance Studies**  
**Master of Science in Athletic Training**

Hepatitis B Vaccine Declination

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 given the opportunity to be vaccinated with Hepatitis B vaccine, at my own expense. 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. I also understand that I may be refused placement at clinical sites that require proof of Hepatitis B vaccination. If in the future I continue to have occupational exposure to blood or other potentially infectious material and I want to be vaccinated with Hepatitis B vaccine, I can initiate the vaccination series.

\_\_\_\_\_  
Name of Student (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date