

Department of Kinesiology

UL Lafayette Athletic Training Education Program

STUDENT – HEPATITIS B VERIFICATION

During my Athletic Training Clinical Experiences at the **University of Louisiana at Lafayette** (and related off-campus clinical sites), I acknowledge and understand that I may be exposed to blood, blood-borne pathogens and other potentially infectious materials. I understand that this exposure may put me at risk for acquiring the Hepatitis B virus (HBV) infection. I understand that there is a Hepatitis B vaccination series available at the health department or from my family physician. I understand and acknowledge that it is my responsibility to obtain and pay for the vaccination series if I chose to do so. I further acknowledge by my signature and by checking the options below that I have read and understand the Hepatitis B fact sheet.

SELECT ONE

1. I have read the Hepatitis B fact sheet and in deciding not to obtain the Hepatitis B vaccination series, I understand that I may be a risk for acquiring the Hepatitis B virus (HBV) infection, which is a serious disease. I understand the above information and decline to obtain the Hepatitis B series.
2. I have read the Hepatitis B fact sheet and I have received my **initial or second** Hepatitis B vaccination and I am in the process of completing my vaccination series. To this form, I have attached a letter from my family physician to verify my partial compliance including a date of anticipated completion. *(At the time of completion, a copy of this form and a copy of the verification of the entire Hepatitis B vaccination will be completed.)*
3. I have read the Hepatitis B fact sheet and I have received the entire Hepatitis B vaccination series prior to the beginning of my Athletic Training Clinical Experiences at the University of Louisiana

at Lafayette (and related off-campus clinical sites) and have attached a copy of this verification to this sheet. This form and a copy of the verification have been given to my Athletic Training Clinical Instructor.

Students Signature

Date