

**Hepatitis B Vaccine Declination Form**  
**University of Arkansas**  
**Graduate Athletic Training Program**

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Facility Name: \_\_\_\_\_

I understand that due to my occupational/clinical education exposure to blood or other potentially infectious materials (OPIM), I may be at risk of acquiring hepatitis B virus (HBV) infection.

You have given me the opportunity to be vaccinated with the hepatitis B vaccine offered at the University of Arkansas Pat Walker Health center if you choose at a cost of 70.00 and is billable to personal insurance.

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. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at the Pat Walker Health Center.

- I have already received the hepatitis B vaccination series.
- I understand I have the option if I have received the Hepatitis vaccination to receive a Hepatitis B titer (\$20.00) to ensure that I have the optimal antibodies against a Hepatitis B infection. Also, if antibodies are below optimal level I can receive a Hepatitis B vaccination booster (\$60.00). Both are offered at the Pat Walker Health Center and are billable to personal insurance.

\_\_\_\_\_  
Students Name (Print)

\_\_\_\_\_  
Students Signature

\_\_\_\_\_  
Date