

**Western Carolina University
Athletic Training Education Program**

HEPATITIS B TITER DECLINATION

I _____, understand that due to my possible exposure to blood or other potentially infectious materials while participating in the classroom, laboratory, or clinical education components of the WCU Athletic Training Education Program requirements, I may be at risk of acquiring a hepatitis B virus (HBV) infection. I also understand that completion of the three vaccination series does not guarantee me immunity from this disease. I have been given the opportunity to have a hepatitis B titer drawn at my expense.

Please mark one of the following:

_____ I decline the recommended hepatitis B titer at this time. I understand that by declining this titer, I continue to be at risk of acquiring hepatitis B, a serious disease.

_____ I have already received the Hepatitis B Titer which has shown positive immunity to the disease. Date: _____

Students PRINTED name

Student Identification Number

Student Signature

Date