The health and safety of patients, students, and faculty associated with the educational activities of the AT students shall be adequately safeguarded. Therefore, no ATS enrolled in the CSULB ATEP or pre-professional program shall perform direct patient care prior to receiving Blood Borne Pathogen Training. In addition, no ATS enrolled in the program shall perform direct patient care prior to receiving the HBV series (unless declined by the ATS).

CSULB Athletic Training Students (ATS) are encouraged to obtain the Hepatitis B Vaccination. However, since ATS’ are not paid employees of the university, the vaccination is done at the student’s expense (CSULB Office of Safety and Risk Management Policy). The CSULB Student Health Center or your personal physician can provide the vaccination. The vaccine is given in a 3-treatment regimen. The second injection follows the first by one month. The third injection follows the first by 6 months. ATS’ who decline the Hepatitis B Vaccination shall read and sign the Hepatitis B Declination Statement.

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ATS are to sign one of the following statements (Statement A or Statement B):

**Statement A.** I have previously received the complete Hepatitis B Vaccine series.

Printed Name__________________________ Signature______________________________

Today’s Date_____________Month and Year the HBV series was completed_____________

**OR**

**Statement B.** Hepatitis B Vaccine Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious material (OPIM), I may be at risk of acquiring a hepatitis B virus (HBV) infection. I understand that an opportunity to be vaccinated with hepatitis B vaccine exists (as described above), at a charge to myself. However, I decline the hepatitis B vaccination at this time. I further 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 an occupational exposure to blood or other potentially infectious materials (OPIM), and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccine series (3 injections in a series) at a charge to me.

_____________________________   ________________________
Name (Please Print)    Date

_____________________________  _________________________
Signature   Student Identification Number