

Grand Canyon University
Bachelor of Science in Athletic Training

Documentation of Hepatitis B Vaccine Status

To be completed if you have previously had Hepatitis B Vaccine

I have received the Hepatitis B vaccine on the dates listed below:

First Dose: _____

Second Dose: _____

Third Dose: _____

Boosters, if any: _____

Date of Hepatitis B antibody titer: _____

_____ **Immune**

_____ **Not Immune**

Signature _____ **Date** _____

Student's Name (printed) _____

Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other physically infectious materials, I may be at risk of acquiring hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine. However, I decline hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

Signature _____ **Date** _____

Student's Name (printed) _____

Notes

- Vaccine will be available at the Student Health Center at Student's expense. This form will be utilized in clinical courses to document student's compliance with the vaccine required by some clinical placement agreements.