Grand Canyon University  
Bachelor of Science in Athletic Training  

Documentation of Hepatitis B Vaccine Status  

To be competed 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.