Missouri Valley College
Athletic Training Program
Hepatitis B Waiver Form

Name _____

Student Number _____ **Date of Birth** _____

Hepatitis B
Hepatitis B is a viral infection of the liver caused primarily by contact with blood and other body fluids from infected persons. The Hepatitis B vaccine can provide immunity against Hepatitis B infection for persons at significant risk, including people who have received blood products containing the virus through transfusions, drug use, tattoos, or body piercing; people who have sex with multiple partners or with someone who is infected with the virus; and health care workers and people exposed to biomedical waste.

[ ] Waiver of Liability
I have received and read the information pertaining to the Hepatitis B virus. I understand the risks involved with being unvaccinated, but I elect not to receive the Hepatitis B vaccine.

_____ Date _____
Signature of student

_____ Date _____
Signature of witness

Revised: August 1, 2017