

**UMaine Athletic Training Candidacy Application
HBV Vaccination Verification Status Form
Blood Borne Pathogen Awareness**

I, _____, have participated in the educational program regarding the blood borne pathogens risks and disease transmission through the University of Maine.

I understand, and will practice Universal Precautions to reduce exposures to risk. Should I choose to assist in the first aid care of an injured physically active person, I understand that I may be at risk of exposure to blood borne pathogens. I accept that risk.

I am aware of the University of Maine's exposure control plan as well as the process in the event of exposure.

I am aware that there is no known immunization or cure for Human Immunodeficiency Virus (HIV) nor Acquired Immune Deficiency Syndrome (AIDS).

I am also aware that an immunization is available to protect against the Hepatitis B virus (HBV).

I choose to accept the immunization against HBV Yes No

If yes, I have provided proof of immunization Yes No

Print Name

Sign Name

Date

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Hepatitis B Vaccinations (HBV)

The University of Maine requires students entering into clinical education experiences in the Athletic Training Program (ATR) to furnish evidence of HBV vaccination, or in the alternative, evidence that they hereby waive and decline the HBV vaccination. Students acknowledge and understand that receiving the HBV vaccination is highly recommended, but not required, for persons who have contact with blood and body secretions, such as healthcare workers, and clinical students. The receipt of HBV vaccination is voluntary.

Students acknowledge and understand that should they choose to have the vaccination, and that is their responsibility to pay for the service.

Students will be required to fill out an HBV Vaccination Verification Status Form prior to the start of their Clinical Education experiences. In this form, they must agree or waive and decline the HBV vaccination prior to the start of their clinical experiences.