

Illinois State University

Athletic Training Education Program

Blood Borne Pathogens Informed Consent

Due to the potential for exposure of athletic trainers and athletic training students to blood and other potentially infectious materials in the performance of their responsibilities, there is a risk of acquiring Hepatitis and/or Human Immuno-deficiency Virus infection. A vaccination is available for Hepatitis B (HBV). HBV is a serious and potentially life-threatening disease. Athletic training students are strongly advised to be vaccinated against HBV. Vaccination requires a series of three injections over a six month period. As with all such procedures, there is a cost involved. The vaccination series is available through Illinois State University Health Services for a nominal fee or may be obtained from the student's family physician or county health department. Some insurers may cover the cost of the vaccination. Because maximum protection requires all three injections, students should begin injections upon acceptance to the athletic training education program and clinical instruction practicum.

There is no vaccination against HIV at this time. Universal precautions have been developed to protect health care workers from HIV. You will receive training in these procedures annually. The physicians and athletic training staff have also received training in universal precautions and are available to assist should you have any questions or need assistance. The necessary supplies for universal precautions are available in all athletic training facilities and should be taken to all athletic practices and competitions.

If you have any questions regarding HBV, the HBV vaccine, HIV, or universal precautions, please contact your family physician, the Illinois State University team physician, or a member of the athletic training faculty or staff.

Please indicate by your signature below that you understand the risks described herein and that you have either 1) received or initiated the series of vaccinations for HBV, or 2) understand the risk of HBV transmission and infection and the seriousness of the disease but have elected not to receive the vaccinations. **Please sign in only one space below indicating your informed choice.**

1) I have completed or initiated the vaccination series for Hepatitis B.

Please Print Name	Signature	Date
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2) I have received and understand the information contained on this form and instructed by the athletic training faculty and staff and have elected not to receive the vaccination for Hepatitis B.

Please Print Name	Signature	Date
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Illinois State University
Athletic Training Education Program
Travel Informed Consent

I hereby agree to accept clinical assignments through the Clinical Instruction Practicum at Illinois State University, and I agree to the following terms:

I understand that this agreement may involve travel to off-campus clinical sites. I understand that acceptance of this off-campus assignment is optional and that the responsibilities to travel to the site are my own. I hereby give my informed consent and agree to release and hold harmless Illinois State University, its trustees, officers, and employees for any liability for any travel-related incidents. Such incidents include but are not limited to accidents, moving violations, parking tickets, or automobile insurance premium increases or policy cancellation from any other losses, claims, damages, or injuries incurred as a part of travel to and from the clinical site. Further, I am solely responsible for transportation to and from the off campus sites that may include bus fare or ride sharing.

I understand that I am never obligated to transport athletes (injured or uninjured) in my personal vehicle or otherwise use my personal vehicle in the performance of my clinical responsibilities. I acknowledge that I assume responsibility for events should I choose to use my personal vehicle. This practice is strongly discouraged by the Athletic Training Education Program Director and Clinical Education Coordinator.

By signing below, I hereby accept full responsibility for program-related travel.

Student Printed Name: _____

Student Signature

Date

Illinois State University

Athletic Training Education Program

Release of Information Informed Consent

I give my consent to release in writing or verbally, any academic or clinical performance information related to my progress as an athletic training student. This information will be held in strict confidence among the preceptors, supervisors, advisors, and faculty of the Illinois State University Athletic Training Education Program. I understand that no information can be released without this signed consent. This consent form is valid from the date signed until consent is withdrawn in writing.

Student Printed Name: _____

Student Signature

Date

Illinois State University

Athletic Training Education Program

Approved Clinical Hours Informed Consent

I understand that only clinical hours completed at Illinois State University or a site approved by the program are acceptable and only such hours will be endorsed by the Program Director/Clinical Education Coordinator. The program has a total clinical hours requirement of 1200 hours. A minimum of 800 approved hours must be completed during the five regular semesters of the program during which I take practicum courses. Hours during my internship count toward the 1200 total hour requirement.

By signing this document, I hereby acknowledge that I have read this policy and have had all questions regarding clinical hours answered to my satisfaction. I agree to follow the policies and procedures of the athletic training education program including policies related to clinical hours.

Student Printed Name: _____

Student Signature

Date

Illinois State University
Athletic Training Education Program
Handbook Informed Consent

I hereby attest my understanding that the Illinois State University Athletic Training Education Program Handbook is an on-line document located at the following address: http://kinrec.illinoisstate.edu/at/documents/ATEPHandbook_17-18_000.pdf. I agree to abide by the Handbook and further understand that this Handbook may be revised. I acknowledge my responsibility to review the Handbook prior to beginning each semester so that I may learn of recent revisions. I understand that revisions will be posted on the internet for my review and furthermore, I am subject to adhere to any verbal or revised written policies and procedures that are communicated to me by a program faculty or staff member. Failure to adhere to any and all verbal or written policies and procedures will result in disciplinary action that may include a reprimand, suspension, or dismissal from the athletic training education program at Illinois State University.

Student Printed Name: _____

Student Signature

Date