Illinois State University
Athletic Training Education Program

Blood Borne Pathogens Informed Consent

Due to the potential for exposure of athletic trainers and student athletic trainers 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. Student athletic trainers are strongly advised to be vaccinated against HBV. Vaccination requires a series of three injections over a six month period. As will 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 a 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. 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

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