



PHYSICAL THERAPY PROGRAM

HEPATITIS B VACCINE WAIVER and INFORMATION REGARDING BLOODBORNE PATHOGENS

I, _____, hereby acknowledge that I have received and reviewed information provided to me by the University of Evansville (UE) Department of Physical Therapy (PT) regarding blood borne pathogens, Hepatitis B, Hepatitis C, HIV and related Hepatitis B vaccine. I further represent that all questions I have regarding these diseases and the vaccines available have been satisfactorily answered for me.

I agree, acknowledge and understand that receiving the Hepatitis B vaccine is highly recommended, but not required, for people who have contact with blood and any body secretions, such as health care workers, and that receipt of the Hepatitis B vaccine is entirely voluntary and is not a condition for being a student within UE's PT program.

I agree, acknowledge and understand that should I accept the Hepatitis B vaccine, it is my responsibility to pay for the vaccine and complete the series of injections.

I agree, acknowledge and understand that I am responsible for all medical costs and bills associated with contracting any communicable disease (including but not limited to, human immuno-deficiency virus (HIV), Hepatitis B and Hepatitis C) during my education and participation in UE's PT programs or functions and that UE has no obligation to pay any such medical costs or bills.

I release and waive any claims I may have, now or in the future, against UE, its employees, teaching affiliates associated with UE, and the members of UE, its Board of Trustees, directors, employees, agents, volunteers, and any students (hereinafter referred to as "Releasees") from any type of liability, whatsoever, in the event that I become infected with any communicable diseases including, but not limited to, human immuno-deficiency virus (HIV) or Hepatitis B, unless they arise from the Releasees intentional or negligent acts.

I also make the following representations:

_____ I have received the Hepatitis B vaccine and verification of injections has been provided to the UE Department of Physical Therapy; or

_____ I have made arrangements for a physician of my choice to give me the Hepatitis B vaccine, and will supply verification regarding the starting of the series for the vaccine by me before I have any patient contact during any program affiliated with UE's PT programs; or

_____ I hereby waive, and decline receipt of the Hepatitis B vaccine, and release the members of UE, its Board of Trustees, directors, employees, agents, volunteers, and any students (hereinafter referred to as "Releasees") from any type of liability, whatsoever, in the event that I become infected with any communicable diseases including, but not limited to, human immunodeficiency virus (HIV) or Hepatitis B, unless they arise from the Releasees intentional or negligent acts.

Student's Name (please print): _____

ID#: _____

Signature: _____

Date: _____

Revised: July, 2012