



**California University  
Of  
Pennsylvania**

**Athletic Training Education Program**

**Athletic Training Student  
Hepatitis B Waiver**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

I \_\_\_\_\_ am aware that I could be exposed to blood-borne pathogens while working as an athletic training student at California University of Pennsylvania. I have read and completely understand OSHA guidelines regarding universal precautions for blood-borne pathogens.

The Downey-Garafolo Health Center on campus offers the Hepatitis B vaccination series. These are highly recommended. These shots (series of 3) are available to you at cost.