BLOODBORNE PATHOGENS

Due to the potential of exposure of athletic training students to blood and other potentially infectious materials in the performance of their responsibilities there is a risk of acquiring Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) infection. HBV is a serious, and potentially life threatening disease. Athletic training students are strongly encouraged to be vaccinated against HBV. Vaccination requires a series of three injections over a six-month period. As with all procedures there is a cost. The vaccination series is available through Penn State’s University Health Services for approximately $150.00. Some insurance carriers are covering HBV vaccination, and the series is also available through county health departments, often at a reduced cost. Because maximum protection requires all three injections, students should start injections upon acceptance into the athletic training major if they wish to be vaccinated.

There is no vaccination against HIV at this time. Universal precautions have been developed to protect health care workers from the HIV virus. 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 you. The necessary supplies are available in all athletic training facilities and should be taken to all practice and competition venues.

If you have questions regarding HBV, the HBV vaccine, HIV or universal precautions; please contact your family physician, one of the physicians at Penn State Hershey Medical Group, a member of the athletic training staff or the athletic training faculty.

We need to document that students have either 1) received or initiated the series of vaccinations for HBV or 2) understand the risk of HBV transmission and the seriousness of the disease and have elected not to receive the vaccinations. Please indicate your status below.

I have completed or initiated the process of vaccination for Hepatitis B virus.

Please Print Name Neatly  
Signature and Date

I have received and understand the information sent by the athletic training major and have elected not to receive the vaccination for Hepatitis B virus at this time.

Please Print Name Neatly  
Signature and Date
PROCEDURES FOR DETERMINING THAT AN ATHLETIC TRAINING STUDENT’S HEALTH WILL PERMIT THEM TO MEET THE ESTABLISHED PROGRAM STANDARDS

As an athletic training student you will be providing supervised health care services in a variety of settings. The Pennsylvania State University has developed guidelines to safeguard the well-being of the athletic training student and the student-athletes, and/or patients they treat in compliance with the standards of The Commission on Accreditation of Athletic Training Education (CAATE),

1. Students must comply with the University Health Services’ Policy on Required immunizations and screenings. In addition, vaccination against Hepatitis B virus and tetanus are strongly recommended as is the varicella vaccine for chicken pox for those who have not had the disease.

2. Athletic training students should be capable of performing CPR/AED and basic emergency care.

3. Athletic trainers frequently lift and carry heavy loads (coolers, ice chests, stretchers) in the performance of their duties. Students with medical conditions which contraindicate or restrict these activities should contact the athletic training major’s clinical education coordinator and/or program director. The athletic training clinical education coordinator and/or program director will work with the athletic training student and their personal physician or a team physician to establish reasonable, medically prudent guidelines to protect the health of the student. The athletic training clinical education coordinator and/or program director will be responsible for advising clinical preceptors/supervisors regarding medically imposed limitations related to the student’s performance of clinical education related duties.

4. Upon acceptance into the athletic training major, students are required to complete a physical exam to review their vaccination record, and verify their ability to pursue unrestricted performance of their clinical education responsibilities or identify conditions which would place them at increased risk of injury or illness. The physical exam can be completed by your personal physician or any qualified health care provider.

It is the policy of The Pennsylvania State University not to discriminate against persons with disabilities in its admission or education programs. Students with disabilities who anticipate special needs with any aspect of the athletic training major are also urged to contact the Office of Disability Services. The faculty within the athletic training major will cooperate with the Office of Disability Services to make reasonable accommodations for disabled students entering the major.
I ______________________________ completed a health examination of
(Printed Name of Examining Health Care Provider)

________________________ on _________________________.
(Name of Athletic Training Student) (Date)

Based upon my examination, and the athletic training student’s record of immunizations, I confirm:
(please initial next to the appropriate recommendation)

_______ this athletic training student **HAS** met the immunization requirements of The Pennsylvania State University.

_______ this athletic training student **HAS NOT** met the immunization requirements of The Pennsylvania State University.

Based upon my examination, and the athletic training student’s physical abilities, I confirm:
(please initial next to the appropriate recommendation)

_______ this student **IS CAPABLE** of completing the duties of an athletic training student without restriction.

_______ this student is **NOT CAPABLE** of completing the duties of an athletic training student without restriction. The student should observe the restrictions noted below while performing the duties of an athletic training student.

________________________________
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________________________________
________________________________

Signature of Examining Health Care Provider and Date

**PLEASE COMPLETE THE FOLLOWING ATTACHED FORMS:**

  1. Penn State Hershey Medical Center Physical Form
  2. Penn State Hershey Medical Center Infectious Disease Summary