Dear Applicant,

Thank you for your interest in the Exercise Science Program in the Department of Rehabilitation Sciences at Florida Gulf Coast University (FGCU). This letter is provided to guide you through the application process.

The Department of Rehabilitation Sciences offers a Bachelor of Science degree in Exercise Science. The program consists of 60 semester credit hours at the undergraduate, upper division level. Students seeking admission to the Exercise Science Program should apply and be accepted to FGCU prior to submission of application materials.

Typically, students enter the Exercise Science Program in the fall of each year upon successful completion of all lower division general education and elective courses and completion of the Florida State University System (SUS) Common Prerequisite Courses. The (SUS) Common Prerequisite Courses for the Exercise Science Program are outlined on the department website at http://www.fgcu.edu/CHPSW/PT/ESBS/degreq.asp. If you have questions about these requirements, please contact the College of Health Professions and Social Work advising office at (239) 590-7391.

Begin now to make requests to all institution(s) of higher education attended, other than FGCU, to have your official transcripts mailed to you. Upon receipt of transcripts, do not open the original sealed envelope. If the seal is broken, transcripts will not be considered official and will not be accepted. Official transcripts should be included with application materials submitted to the Exercise Science Program.

For priority consideration all application materials must be submitted by February 1. Applications received after February 1 will only be considered on a space available basis. Written notification of the applicant’s admission status will be mailed to the applicant. Incomplete applications and materials will not be reviewed by the Admissions and Recruitment Committee.

Please visit our website: http://www.fgcu.edu/chpsw/pt/esbs for additional information about the Program, faculty, and students. We look forward to hearing from you!

Sincerely,

Eric Shamus, PT, DPT, PhD, CSCS
Associate Professor, Chair & Program Director – Exercise Science Program
Department of Rehabilitation Sciences
EXERCISE SCIENCE APPLICATION

BIOGRAPHICAL INFORMATION

Last Name ___________________________ First Name ___________________________ M.I. ___________________________ University Identification Number ________________

Mailing Address ___________________________ City ________________ State ______ Zip Code ________________

Home Phone ________________ Cell Phone ________________ E-mail address ___________________________

APPLICATION CHECKLIST

If currently enrolled as an FGCU student complete section B only. If not enrolled as an FGCU student, please complete sections A and B below.

OFFICE USE ONLY

Completed

A. If currently not enrolled as a Florida Gulf Coast University (FGCU) student, apply and be accepted to FGCU by February 1st http://www.fgcu.edu/admissions.asp

B. Complete and submit the following items to the FGCU Exercise Science Program

Completed

1. Exercise Science Application Checklist

Completed

2. Official transcripts from all institutions attended (except FGCU) submitted with application (only original, unopened transcripts will be considered official and is in addition to transcripts submitted for admission to FGCU)

Completed

3. Exercise Science Program Portfolio, which includes the following:
   • Resume
   • Responses to Section 2 and Section 3 on the Exercise Science Portfolio Development Guidelines

Completed

4. Submit the following Exercise Science Application Materials:
   • Exercise Science Technical Standards Signature Form (signed by physician) (page 5)
   • Physical Exam Form (signed by physician) (page 6)
   • Present and Future Coursework Planning Sheet (page 7)
   • Prerequisite GPA Calculation Sheet (page 8)
   • Course Equivalent Substitution Form (if applicable) (page 9)
   • Immunization Requirements Form (signed by Health Care Provider) (page 10)
     o Include medical records for immunization, vaccines and screening tests
   • Hepatitis B Waiver Form (if applicable) (page 11)

The priority deadline for submission of application materials is February 1

These materials (Section B) should be submitted to:
Florida Gulf Coast University
College of Health Professions and Social Work
Attn: Department of Rehabilitation Sciences
10501 FGCU Blvd South
Fort Myers, FL  33965-6565

PLEASE REMEMBER TO RETAIN A COPY OF ALL MATERIALS FOR YOUR RECORDS
ADMISSION PORTFOLIO DEVELOPMENT GUIDELINES

Exercise Science

These guidelines are designed to assist you in developing an application portfolio that represents your best attributes to the Department of Rehabilitation Sciences Admissions and Recruitment Committee (ARC). Please note that only completed application portfolios for the Exercise Science program are accepted and sent forward to the Department of Rehabilitation Sciences Admissions and Recruitment Committee. Write your name and University Identification Number at the top of every item submitted. All writing in the portfolio must be your own original work.

1) RESUME Please include a resume that incorporates the following information:

Education History
• Starting with the most recent institution first, list all post-secondary institutions attended (dates attended, major, degrees if any)
• List continuing education courses

Employment History Start with the most recent employer, and for each position held, include:
• Company/Agency name
• Description of agency (workplace, company, institution)
• Position and Responsibilities
• Length of employment
• Personal contributions to agency (describe significant achievements)
• Describe how this employment experience contributed to your personal growth

Volunteer Activity
• Agency/Organization name
• Description of agency/organization
• Position and Responsibilities
• Personal contributions to agency (describe significant achievements)
• Describe how this volunteer experience contributed to your personal growth

Achievements
• Awards/Honors
• Published Material
• Leadership Positions
• Involvement in professional and/or student organizations or honor societies
Exercise Science Portfolio Development Guidelines (Continued)

SECTIONS 2 and 3:

Please answer each question separately. The total length of your answers for Sections 2 and 3 should be no more than six double-spaced typed pages. The Rehabilitation Sciences Admissions and Recruitment Committee will not review information beyond six pages for Sections 2 and 3. These sections must be typed in order to be readily legible. No smaller than 12 point font size will be accepted.

2) PREPARATION FOR A CAREER IN EXERCISE SCIENCE:

a. Based on your previous experiences:
   - **List and discuss** positive characteristics that you have observed in Exercise Science professionals that you would associate with quality, caring, and professional service. **Explain** why you believe these are important characteristics.
   - The role of an Exercise Science professional encompasses many responsibilities. **List** and **discuss** ten responsibilities of a professional in the Exercise Science field that you have observed.

b. **Summarize** your life experiences that have contributed to your interest in the Exercise Science field as a career.

c. **Describe** talents, aptitudes, and gifts that you possess and **elucidate** how these will enhance your career in Exercise Science.

d. **Discuss** your previous educational experiences and how your goals were met or not met.

3) PREPARATION FOR BECOMING A EXERCISE SCIENCE STUDENT AT FGCU:

   There is a very diverse delivery of curriculum in the FGCU Exercise Science program. The Program uses active learning strategies, with complementary computer-based learning activities.

a. **Discuss** your experience and/or willingness to participate in active learning strategies.

b. **Discuss** your experience and/or willingness to use technology for learning activities.
TECHNICAL STANDARDS SIGNATURE FORM

Exercise Science

The Exercise Science Program at Florida Gulf Coast University is a very rigorous program that requires the student to have the knowledge and physical ability to perform specific tasks. The technical standards listed below, established by Florida Gulf Coast University, represent the qualities and abilities the student must possess to succeed in the Exercise Science Program.

1. Possess sufficient verbal and non-verbal communication skills that are necessary to communicate effectively within diverse situations and to people with different social and cultural backgrounds.

2. Demonstrate professional behaviors and standards needed to assimilate, analyze, and clearly process in a logical, practical manner to effectively implement proper care to the physically active or sedentary individual through the use of established protocols.

3. Demonstrate a calm demeanor during highly stressful/emergency situations and make sound judgments for the physically active or sedentary and the medical professional.

4. Ability to develop a rapport with fellow students, health care professionals, instructors, community site supervisors and other individuals to insure quality medical attention is achieved.

5. Ability to record information given by individuals such as clients, athletes, medical personnel and instructors efficiently and accurately.

6. Sufficient strength, coordination, auditory perception, and sensory function to be able to perform physical assessments and activities, as well as position, transport and assist in the moving of an individual.

The student may request accommodation to one or more of the standards to the FGCU Office of Adaptive Services. The phone number is 239-590-7956.

STUDENT NAME: ____________________________________________________ (Please print)

I certify that I have read and understand the physical requirements and technical standards of the Florida Gulf Coast University Exercise Science Program.

__________________________________________________________________________

Student Signature

Date

__________________________________________________________________________

I certify that I have read and understand the physical requirements and technical standards of the Florida Gulf Coast University Exercise Science program. I certify that the student named above is physically able to meet the technical standards listed above based on my physical examination.

__________________________________________________________________________

Physician Name (Please print)

__________________________________________________________________________

Physician Signature

__________________________________________________________________________

Date
# PHYSICAL EXAM FORM

<table>
<thead>
<tr>
<th>Name: ______________________________</th>
<th>UIN#: ____________________________</th>
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<tbody>
<tr>
<td>Height: __________</td>
<td>Weight: __________ lbs.</td>
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<tr>
<td>Pulse: __________</td>
<td>BP: __________</td>
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<tr>
<td>Eyes: Are glasses worn? _______No ______Yes</td>
<td></td>
</tr>
<tr>
<td>Visual Acuity:</td>
<td>Right 20/________</td>
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<tr>
<td></td>
<td>Left 20/________</td>
</tr>
<tr>
<td>Ears: Is hearing reported as normal? ______No ______Yes</td>
<td></td>
</tr>
<tr>
<td>Skin: Normal ( ) Abnormal ( ) Not Examined ( ) __________________________</td>
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<tr>
<td>Eyes, Head: Normal ( ) Abnormal ( ) Not Examined ( ) __________________________</td>
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<tr>
<td>Ears, Nose/Sinuses: Normal ( ) Abnormal ( ) Not Examined ( ) __________________________</td>
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<td>Throat: Normal ( ) Abnormal ( ) Not Examined ( ) __________________________</td>
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<td>Thyroid/Neck: Normal ( ) Abnormal ( ) Not Examined ( ) __________________________</td>
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<td>Teeth/Mouth: Normal ( ) Abnormal ( ) Not Examined ( ) __________________________</td>
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<td>Lymph Nodes: Normal ( ) Abnormal ( ) Not Examined ( ) __________________________</td>
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<td>Lungs and Chest: Normal ( ) Abnormal ( ) Not Examined ( ) __________________________</td>
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<tr>
<td>Heart: Normal ( ) Abnormal ( ) Not Examined ( ) __________________________</td>
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<tr>
<td>Pulses: Normal ( ) Abnormal ( ) Not Examined ( ) __________________________</td>
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<tr>
<td>Abdomen: Normal ( ) Abnormal ( ) Not Examined ( ) __________________________</td>
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<td>Extremities/Joints: Normal ( ) Abnormal ( ) Not Examined ( ) __________________________</td>
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<td>Spine: Normal ( ) Abnormal ( ) Not Examined ( ) __________________________</td>
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<td>Neurologic/DTRs: Normal ( ) Abnormal ( ) Not Examined ( ) __________________________</td>
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<td>Hernia Exam: Normal ( ) Abnormal ( ) Not Examined ( ) __________________________</td>
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<tr>
<td>Genitals: Normal ( ) Abnormal ( ) Not Examined ( ) __________________________</td>
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Signature: ______________________________ MD/DO/NP/PA

Date: ______________________________
## Exercise Science

### COLLEGE/UNIVERSITY RECORD

List all college/university-level courses in which you are presently enrolled.

Please note that enrollment in the program is contingent upon you providing official documentation of completion of courses listed as admission requirements.

(Attach a separate sheet if necessary.)

<table>
<thead>
<tr>
<th>Course Title &amp; Course Number</th>
<th>College or University</th>
<th>Sem./Qtr. Hours</th>
<th>Mo./Yr.</th>
<th>Mo./Yr</th>
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</table>

List any college/university-level courses not listed above that you expect to complete prior to entering the Exercise Science Program.

Please note that enrollment in the program is contingent upon you providing official documentation of completion of courses listed as admission requirements.

(Attach a separate sheet if necessary.)

<table>
<thead>
<tr>
<th>Course Title &amp; Course Number</th>
<th>College or University</th>
<th>Sem./Qtr. Hours</th>
<th>Mo./Yr.</th>
<th>Mo./Yr</th>
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</thead>
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### CERTIFICATION

I certify that all information provided on this application is true and correct to the best of my knowledge. I also pledge on my honor that all application materials were authored solely by me in accordance with this certification statement. I acknowledge that any misrepresentation of information will nullify my application for admission, and if enrolled, will result in disciplinary action, which may include dismissal from the Exercise Science Program, College of Health Professions and Social Work and/or the University.

Signature__________________________________________ Date____________________
PREREQUISITE GPA CALCULATION SHEET

Exercise Science

The following are instructions for calculating the prerequisite grade point average (GPA). These instructions apply to all institutions that use a 4-point scale. Courses in which you earned a “Pass/Fail”, “Satisfactory/Unsatisfactory”, or “Incomplete” do not generate grade points, so do not include them in your calculation. Please complete the table below:

1. indicate the institution at which you took the prerequisite course in the column, “College/University”
2. if you have not yet completed a course, add no information to that line and move down to the next course
3. if you have written approval from the Department of Rehabilitation Sciences at FGCU for a course to serve as an equivalent to one of these prerequisites, write in the course prefix number for the course being used as the equivalent in the space following the related prerequisite course (for example BSC 1010C BIO 101), and fill in the appropriate information for the equivalent course
4. indicate the earned semester credit hours for the course in the column, “Credit Hours”
5. indicate the earned letter grade for the course in the column, “Letter Grade”
6. indicate the value of the grade* for the course in the column, “Grade Value”
7. multiply the number of credit hours by the grade value for that course and place the value of the product in the column, “Grade Points”
8. if a course has a separate credit (and grade) allocation for the lecture and lab, use both lines for that course (lecture on one line and lab on the other). If the lecture and lab are combined in the credit (and grade) allocation, use only the first line
9. add the figures in the column, “Credit Hours” and indicate the total
10. add the figures in the column, “Grade Points” and indicate the total
11. divide the total number of grade points by the total number of credit hours and indicate the “Grade Point Average”.

<table>
<thead>
<tr>
<th>Course - or FGCU equivalent</th>
<th>College/University</th>
<th>Semester/Yr</th>
<th>Credit Hours</th>
<th>Letter Grade</th>
<th>Grade Value</th>
<th>Grade Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSC X085C</td>
<td>Anatomy &amp; Physiology I</td>
<td></td>
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<td>Lab:</td>
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<tr>
<td>BSC X086C</td>
<td>Anatomy &amp; Physiology II</td>
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<td>Lab:</td>
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<tr>
<td>BSC 1010C</td>
<td>General Biology I</td>
<td></td>
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<td>Lab:</td>
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<tr>
<td>BSC 1011C</td>
<td>General Biology II</td>
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<td>Lab:</td>
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<tr>
<td>CHM X045C</td>
<td>General Chemistry I</td>
<td></td>
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<td>Lab:</td>
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<tr>
<td>CHM 1046C</td>
<td>General Chemistry II</td>
<td></td>
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<td>Lab:</td>
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<tr>
<td>HSC 2577</td>
<td>Human Nutrition</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>MAC 1147</td>
<td>Pre-calculus</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>PSY X012</td>
<td>General Psychology</td>
<td></td>
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<tr>
<td>Totals</td>
<td></td>
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</tbody>
</table>

Grade Point Average:
COURSE EQUIVALENT SUBSTITUTION FORM
(if applicable)

Instruction to the Applicant:

A request for any course to be accepted as a substitute for a prerequisite or required course must be made in writing to the Department of Rehabilitation Sciences. In order to request that a course be reviewed for equivalency to one of the prerequisite or required courses, an applicant/student must:

1. Submit in writing a letter directed to the Department of Rehabilitation Sciences Admissions and Recruitment Committee explaining the request.

2. Complete Part I of this form with your request, including specification of the prerequisite or required course, identification of the course being suggested as an equivalent to the prerequisite or required course with the course number, course title, and institution where the course was taken.

3. Attach to this form a copy of the course description from the course catalog for the course being suggested as an equivalent to the prerequisite or required course.

4. Attach to this form a copy of the course syllabus for the course being suggested as an equivalent to the prerequisite or required course.

These materials are reviewed by FGCU faculty and a decision about course equivalence is made by the Department of Rehabilitation Sciences. The applicant/student is notified in writing of the decision.

PART 1: (To be filled out by the applicant)

Applicant's/Student's Name: ________________________________

Applicant's Email: ________________________________________

Applicant's/Student's Request: ____________________________________________________________

Prerequisite or Required Course: _________________________________________________________

Suggested Equivalent Course: ____________________________________________________________

(course number and title)

(institution where course was completed)

(Please DO NOT write below this line)

PART 2: (To be filled out by Department of Rehabilitation Sciences Admissions and Recruitment Committee)

The applicant/student has had the equivalent of ____________________________________________

(prerequisite course)

Signed: ___________________________ Date: ___________________________

(FGCU faculty member reviewing the course equivalence)

Signed: ___________________________ Date: ___________________________

(Chair, Department of Rehabilitation Sciences)

One copy of this completed form will be provided to the student, a second copy placed in the applicant/student's file, and a third copy is kept in a central Department of Rehabilitation Sciences file.
**IMMUNIZATION REQUIREMENTS**

**Exercise Science**

**This form must be completed by Student Health services (SHS)/Immunizations or your own physician PRIOR TO your physical exam**

Immunizations, Screening tests and Vaccines listed below are required prior to entering the Exercise Science Program. The Exercise Science Program requires additional immunizations above and beyond University Requirements. All immunizations, screening tests and vaccines must be reviewed by the attending health care provider during your Physical Exam. Dates should be noted, by the health care provider, for each item listed, and approved as indicated at the bottom of the page. **PLEASE NOTE THAT IMMUNIZATIONS MUST BE COMPLETE PRIOR TO A PHYSICAL EXAM.**

Official documentation (vaccine records) **must** be provided to the attending health care provider/immunization department for all immunizations *(see note regarding Hepatitis B series requirements)* listed below in conjunction with completion of your Physical Exam. Official documentation **must also** be submitted with application materials for the Exercise Science Education Program.

STUDENT NAME:_____________________________  STUDENT UIN#:__________________________

### A. University required immunizations:

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Month/Day/Year</th>
<th>Month/Day/Year</th>
<th>Month/Day/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR</td>
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<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>1st vaccine must be given after 12 months of age; must be in 1971 or later; 2nd dose must be at least 28 days after 1st dose</td>
<td>/ /</td>
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<td>/ /</td>
</tr>
<tr>
<td>RUBELLA TITER/ RUBEOLA TITER</td>
<td>/ /</td>
<td>Positive/Negative</td>
<td></td>
</tr>
</tbody>
</table>

### B. Exercise Science Program required immunizations, vaccines and screening tests:

<table>
<thead>
<tr>
<th>ATHLETIC PROGRAMS</th>
<th>Vaccination</th>
<th>Month/Day/Year</th>
<th>Month/Day/Year</th>
<th>Month/Day/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEPATITIS B</td>
<td>/ /</td>
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<tr>
<td>Series of 3 vaccinations at 0, 1 &amp; 6 months AND a Positive Titer OR sign waiver</td>
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<tr>
<td>HEPATITIS B TITER</td>
<td>Positive/Negative</td>
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<tr>
<td>Must provide lab work document</td>
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<td></td>
<td></td>
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<tr>
<td>PPD/TB</td>
<td>/ /</td>
<td>/ /</td>
<td>Date Read</td>
<td></td>
</tr>
<tr>
<td>Must remain current while enrolled in Exercise Science Program: A positive TB test result must be followed up with a chest x-ray and/or verification of inactive status</td>
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<tr>
<td>Tetanus Diphtheria (TD/TDAP)</td>
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<td>Must be within 10 years &amp; remain current while enrolled</td>
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<tr>
<td>Varicella</td>
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<tr>
<td>Series of 2 vaccinations OR Titer</td>
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➢ Students must complete the series & have a positive titer or Complete the Hepatitis B Waiver Form (page 15).

Health Care Provider Signature: ___________________________ MD/DO/NP/PA  Date: ___________________

Signature indicates immunizations have been reviewed and discussed with the applicant by the medical provider. *(An FGCU SHS Immunization approved document may be attached)*

It is important that you retain a copy of all information submitted to the Department of Rehabilitation Sciences for your personal records and for future use in the Exercise Science Program.
Florida Gulf Coast University  
Department of Rehabilitation Sciences  

HEPATITIS B IMMUNIZATION WAIVER

Hepatitis B virus infection is principally transmitted by contact with blood, blood products, and body fluids (saliva, tears, breast milk, etc.) of the infected person. Exposure to infectious blood, blood products, or body fluids by cuts, needle sticks, or abrasions that may result in introduction of the infectious blood or body fluid into the skin or mucous membrane potentially result in contracting the Hepatitis B virus. Health care workers who are exposed to any of the above are among the highest at risk for contracting Hepatitis B virus.

Among the people at highest risk of contracting hepatitis B infection are health care workers who are exposed to the infectious blood, blood products, or body fluids by cuts, needle sticks, or abrasions that may result in introduction of the infectious blood or body fluid into the skin or mucous membrane. If you have additional questions or concerns regarding these risks, please contact your personal health care physician and/or nurse practitioner.

Hepatitis B infection manifests itself in symptoms of jaundice, skin rash, headache, arthritis, fatigue, loss of appetite, and abdominal pain. The disease is fatal for 1% of the persons who contract it, and between 5% and 10% of the victims become chronic carriers who may later be predisposed to liver cancer or chronic liver impairment.

Hepatitis B Virus vaccine has been developed to prevent this infection. For immunization protection, three 1.0 ml intramuscular injections of the vaccine are administered at 0, 1, and 6 months. High titers of antibodies are produced in 95% of normal adult recipients. The duration of protection and need for booster doses has not yet been determined. Testing for immunity after vaccination is not routinely recommended unless you are in a health care profession or a profession at high risk of exposure to the disease.

As a student in the Department of Rehabilitation Sciences at Florida Gulf Coast University, you are required to provide proof of hepatitis immunization or sign a waiver. The Department of Rehabilitation Sciences encourages you to complete the Hepatitis B immunization series for your protection. If you elect to waive the Hepatitis B immunization series, sign below and return this form to the Department of Rehabilitation Sciences.

I understand that due to my occupational/educational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given sufficient time to complete the hepatitis vaccination schedule, however, I decline hepatitis B vaccination at this time. I understand by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. I also am aware that by declining this vaccine, I may not be able to enter into a clinical affiliation with certain health care facilities which require the vaccine.

Date ___________________ Student Signature ___________________

Date ___________________ Witness ___________________