



POLICE DEPARTMENT

Kenneth J. Meuler, Chief of Police

EXPLORER POST #9911

SUBJECT: HEPATITIS B VACCINE DECLINATION

I understand that due to my voluntary participation in Exploring activities, I may be exposed to blood and other potentially infectious materials and may therefore be at risk of acquiring hepatitis B virus (HBV) infection.

A. Check here _____, if you have already received the hepatitis B vaccine.

Date(s) of vaccination: _____

If you have been vaccinated, **STOP HERE** and sign the bottom of this form.

If you have not been vaccinated, complete the remainder of the form.

B. I have been given the opportunity to be vaccinated with the hepatitis B vaccine (check one):

_____ At my expense _____ At a reduced rate _____ At no charge to me

C. However, I decline the hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future, I continue to participate in unit activities with exposure to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series (check one):

_____ At my expense _____ At a reduced rate _____ At no charge to me

Name of Participant (Print)

Signature of Participant

Date

Signature of Parent (If under the age of 18)

Date