



HEPATITIS B VACCINE DECLINATION FOR UNIT YOUTH/ADULT VOLUNTEERS

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. I understand that the cost being vaccinated with hepatitis B vaccine would be at my expense.

However, I decline 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 hepatitis B vaccine, I can receive the vaccination series at my expense.

Explorer Name (Print) _____

Explorer Signature

Date

Parent/guardian Signature

Date