



## HEPATITIS B VACCINE DECLINATION

**CADET UNIT #9911**

I understand that due to my voluntary participation in Cadet 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 HAVE** already received the Hepatitis B Vaccine.

Date(s) of vaccination: \_\_\_\_\_

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

**I HAVE NOT** received the Hepatitis B Vaccine and I have been given the opportunity to receive the Hepatitis B Vaccine (check one below):

At my expense

At a reduced rate

At no charge to me

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 - Printed*

\_\_\_\_\_  
*Signature of Participant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent / Guardian if under 18*

\_\_\_\_\_  
*Date*