Flemington Borough Police Explorer Post #49 Hepatitis B Vaccine Declination Form

I understand that due to my voluntary participation in the Flemington Borough Police Explorer Ride-Along and Explorer Activates, I may be exposed to blood and other potentially infectious materials, and may therefore be at risk of acquiring hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine **AT MY EXPENSE** and will provide proof there of.

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, which is a serious disease. If in the future I continue to participate in post activities with the exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination serious **AT MY EXPENSE.**

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Explorer Name & Signature Date

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Parent/Guardian Name & Signature Date

