**STUDENT VACCINATION DECLINATION FORM**

I understand that due to possible exposure of blood/body fluids, or other potentially infections material, I may be at risk of exposure and then acquiring hepatitis B virus (HBV) infection. I have declined to have the hepatitis B vaccination at this time. I understand that by declining this vaccine, I may be at risk for acquiring hepatitis B virus infection.

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Signature Date

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Printed Full LEGAL Name

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School & Program