

**HEPATITIS B VACCINATION DECLINATION FORM**

I have reviewed the Hep B information sheet and hereby 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 for which there is no cure. I further understand that by declining this vaccine, I absolve Virginia Peninsula Community College and its Affiliated Agencies of any liability in the event I am exposed/contract this disease.

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Student Name (Please Print)

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Student Signature

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Date