

FA#:
PR#:

Body Art Facility Name: _____

Body Art Facility Address: _____

City _____ Zip Code _____

Hepatitis B Vaccination Declination Form

Declination Statement*

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to me; 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 have occupational 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 no charge to me.

Signature: _____ Date: _____

Name: (Print) _____

*Taken from: Bloodborne Pathogens and Acute Care Facilities. OSHA Publication 3128, (1992).