



Northwest Georgia Public Health

HEPATITIS B VACCINE DECLINATION

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 MYSELF. **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, I CAN RECEIVE THE VACCINATION SERIES AT NO CHARGE FROM MY EMPLOYER.

EMPLOYEE NAME (Print) _____

SIGNATURE: _____ DATE: _____

BODY ART STUDIO INFORMATION

BODY ART STUDIO: _____

OWNER/OPERATOR NAME (Print) _____

SIGNATURE: _____ DATE: _____