

# Hepatitis B Vaccination Waiver Form

Please complete in black ink.

## **Decline to Accept**

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. 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 during times of occupational exposure to blood, mucus, or other potentially infectious material.

Name (printed): \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Tattoo/Body Piercing Shop: \_\_\_\_\_

Shop Address: \_\_\_\_\_

Shop Owner(s): \_\_\_\_\_

**Note:** The statement of declination of Hepatitis B vaccinations is not intended to supersede or in any way affect any workmen's compensation law, common law, statutory rights, or duties or liabilities of employers and employees arising out of or in the course of employment.

**Important:** If you have received the vaccination series and/or have proof of immunity to Hepatitis B, please enclose appropriate documentation to:

Johnson County Health Department  
460 N. Morton St., Ste A  
Franklin, IN 46131

Johnson County Health Department Form 10/18