



Body Art Program

Alameda County Department of Environmental Health

Solid/Medical Waste Management

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Phone: (510)567-6790 Fax: (510) 337-9234

<https://deh.acgov.org/index.page>

HEPATITIS B VACCINATION DECLINATION FORM

FACILITY INFORMATION

FACILITY NAME: _____

FACILITY ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

FACILITY EMAIL ADDRESS: _____ FACILITY PHONE NUMBER: _____

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: _____
(mm/dd/yyyy)

PRINT NAME / TITLE: _____

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

FOR OFFICIAL USE ONLY

FA# _____

ENVIRONMENTAL HEALTH SPECIALIST: _____

PR# _____

APPROVED NOT APPROVED

DATE: _____
(mm/dd/yyyy)