



**HEPATITIS B VACCINE (Must complete section A or B)**

**A. Statement of Declination to Receive Hepatitis B Vaccination**

I understand that due to my occupational exposure to blood or other potentially infectious material (OPIM) I may be at risk of acquiring the 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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me. (Excerpt from: Bloodborne Pathogens and Acute Care Facilities. OSHA Publication 3128, (1992))

Initial

I do not wish to receive the Hepatitis B Vaccine.

If I choose to be vaccinated for Hepatitis B at a later date I will provide a copy of vaccination record and a revised Hepatitis B Vaccine Declination Form.

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**B. Statement of Completion of Hepatitis B Vaccination**

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.

Initial

I have already received my Hepatitis B vaccination. (Provide a copy of vaccination record)

Date of Vaccination: \_\_\_\_\_

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**Body Art Facility Name:** \_\_\_\_\_

Initial

I have received a copy of the Infection Prevention Control Plan.

I have been advised of the availability of Personal Protective Equipment.

**Practitioner Name:** \_\_\_\_\_

**Practitioner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_