



Public Health Department

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Environmental Health

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HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or Other Potentially Infectious Materials (OPIM), 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/cost 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 the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Date *Employee's Printed Name* *Employee's Signature*

Date *Employer Representative's Printed Name* *Employer Representative's Signature*

Original to be sent to:
Butte County Public Health Department
Division of Environmental Health
Body Art Program, 202 Mira Loma Drive, Oroville, CA 95965