



**Public Health Department**

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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*

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*Original to be sent to:*

*Butte County Public Health Department*

*Division of Environmental Health*

*Body Art Program, 202 Mira Loma Drive, Oroville, CA 95965*