Siskiyou County Environmental Health Division
806 South Main Street, Yreka, CA 96097
Telephone 530-842-8200 FAX 530-841-4076

Voluntary Declination of Hepatitis B Vaccination

I understand that due to my occupational exposure to blood or 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.

Signature _____ Date _____

California Driver's License or Identification # _____

If a practitioner declines the Hepatitis B vaccination, a copy of this declination must be submitted with the Body Art Practitioner Application and provided to the operator of each location where the practitioner performs body art.