



Rose Mary Rahn
Director

Milton Teske, M.D.
Health Officer

To promote and protect the health and well-being of Kings County residents through education, prevention, and intervention.



Hepatitis B 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 read and understand the health risk involved with Hepatitis B; however, I voluntarily decline Hepatitis B vaccination at this time. I fully understand the risk of its transmission and have full knowledge of its affects on the human body. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease.

Print Name

Signature

Address

City

State

Zip

Office Use Only:

Received By: _____ Received Date: _____

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