



County of Riverside  
**DEPARTMENT OF ENVIRONMENTAL HEALTH**

www.rivcoeh.org

## **Voluntary Declination of Hepatitis B Vaccination for Body Art Program**

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.

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Government issued identification:  
(Provide one of the following)

Driver license # & state: \_\_\_\_\_

Passport # & country: \_\_\_\_\_

Others: \_\_\_\_\_

**NOTE: The owner of the body art facility where the body art practitioner works is responsible for providing the vaccination series at no cost. The County of Riverside does not provide this service.**

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