



Prevent. Promote. Protect.

MARION COUNTY PUBLIC HEALTH DEPARTMENT

Department of Water Quality & Hazardous Materials Management

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<http://marionhealth.org>

HEPATITIS B WAIVER FOR EMPLOYEES Body Art Facility

I received the Hepatitis B vaccine at: _____(specific location)
on the following dates: _____, _____, and _____. (If
specific location and dates are not known, please estimate.)

OR

I have had Hepatitis B in the past and was tested for surface antigens, surface
antibodies or core antibodies at: _____(specific location).
The results of the test were:

Surface antigen (HB_SAG) _____

Surface antibodies (HB_SAB) _____

Core antibodies (HB_CAB) _____

OR

I have not had the Hepatitis B vaccine. 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 been given the opportunity to
be vaccinated with Hepatitis B vaccine by my employer, **at no charge** to myself.
However, I decline Hepatitis B vaccination at this time. I understand that by
declining this vaccine, I will remain at risk of acquiring Hepatitis B, a serious
disease. If in the future I continue to have occupational exposure to blood or
other potentially infectious materials and want to be vaccinated with the
Hepatitis B vaccine, I can receive the vaccine at no charge to me.

Name: _____

Signature: _____ Date: _____

Witness: _____ Date: _____