



HEPATITIS B VACCINE WAIVER/DEFERRAL

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B infection.

I have been given the opportunity to become vaccinated with the Hepatitis B vaccine by my employer, at no charge to myself (may not apply to contracted employees). However, I decline Hepatitis B vaccination at this time due to the following reason(s):

- Serious reaction to the last immunization(s)
Describe: _____
- Yeast allergy
- Pregnancy
- Personal/Religious Beliefs
- Other: _____

I understand that by declining this vaccination, I continue to be at risk for acquiring Hepatitis B, a potentially serious and chronic disease.

Date: _____

Signature: _____

Print Name: _____

Body Art Facility Where Currently Employed (if applicable): _____

OAKLAND COUNTY HEALTH DIVISION

NOHC, 1200 N. Telegraph Road, Pontiac, MI 48341 (248) 858-1280

SOHC, 27725 Greenfield Road, Southfield, MI 48076 (248) 424-7000

*The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability.
State and Federal eligibility requirements apply for certain programs.*