



COUNTY OF LAKE
HEALTH SERVICES DEPARTMENT
Division of Environmental Health
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Hepatitis B Vaccination Declination Form

California Code of Regulations, Title 8; §5193. Bloodborne Pathogens, Appendix A - Hepatitis B Vaccine Declination

The employer shall assure that employees who decline to accept a hepatitis B vaccination offered by the employer sign the following statement as required by subsection (f)(2)(D):

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM) 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, 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 Employee's printed name Employee's Signature

Date Employer representative printed name Employer representative Signature

Our mission is to promote and protect the health of the people of Lake County through education and the enforcement of public health laws.