



**COUNTY OF EL DORADO
COMMUNITY DEVELOPMENT AGENCY
DIVISION OF ENVIRONMENTAL MANAGEMENT**

Placerville Office:
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Facility ID#	
Facility Name	

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 risks 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 effects on the human body.

I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

ADDRESS: _____ CITY: _____ STATE ____ ZIP _____