



Wichita Falls/Wichita County Public Health District
1700 3rd Street, Wichita Falls TX. 76301, 940-761-7820
www.wichitafallstx.gov

REFUSAL TO VACCINATE

Sec 26-803 Body Art Operator Requirements and Professional Standards

- (l) Proof shall be provided upon request of the Department that all operators have either completed or were offered and declined in writing, the Hepatitis B vaccination series; that antibody testing has revealed that the employee is immune to Hepatitis B; or that the vaccine is contraindicated for medical reasons. Contraindication requires a dated and signed physician's statement specifying the name of the employee, and it must state that the vaccine cannot be given.

Employee's Name: _____ SS#: _____

Establishment: _____

Address: _____

Date of Employment: _____

Recommended Vaccination **Declined**

Hepatitis B Vaccine

I have read the CDC Vaccine Information Sheet explaining the vaccine and the disease they prevent. I understand the following:

- The purpose of and the need for the recommended vaccine
- The risk and benefits of the recommended vaccine
- The Health District recommends that the vaccine be given

I have decided to decline the vaccine recommended as indicated above by checking the appropriate box under the column titled "declined."

I know that I may re-address this issue with my health care provider at any time, and that I may change my mind and accept vaccination in the future. I

I acknowledge that I have read this document in its entirety and fully understand it.

Employee signature: _____ Date: _____

Witness: _____ Date: _____