



MONO COUNTY HEALTH DEPARTMENT

Environmental Health

P.O. BOX 476, BRIDGEPORT, CA 93517 PHONE (760) 932-5580 • FAX (760) 932-5284

P.O. BOX 3329, MAMMOTH LAKES, CA 93546 PHONE (760) 924-1830 • FAX (760) 924-1831

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: _____

Printed Name: _____

Address: _____ City, State: _____