



Body Art Refusal to Vaccinate

Environmental Health Division

Wichita Falls-Wichita County Public Health District

1700 Third St. | Wichita Falls, TX 76301 | 940-761-7800 | www.health.wichitafallstx.gov

Employee's Name: _____ Date of Birth: _____

Establishment Name: _____ Establishment Phone: (_____) _____

Establishment Address: _____ City/State/Zip: _____

Date of Employment: _____

Sec 26-803 Body Art Operator Requirements and Professional Standards

(I) 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.

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

Employee Print Name

Employee Signature

Date

Establishment Owner Print Name

Establishment Owner Signature

Date