



# 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

Site No. \_\_\_\_\_

Date Received \_\_\_\_\_

For Office Use Only

Employee's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Middle Last MM/DD/YEAR

Establishment Name: \_\_\_\_\_ Establishment Phone: (\_\_\_\_) \_\_\_\_\_

Establishment Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

## Sec 26-803 Body Art Operator Requirements and Professional Standards

- (1) 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:

- o The purpose of and the need for the recommended vaccine
- o The risk and benefits of the recommended vaccine
- o 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