

# Hepatitis B Vaccination Previous Immunization Form

Please complete in black ink.

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, a serious disease.

However, I have previously completed a three (3) dose series of the Hepatitis B

Vaccine at: \_\_\_\_\_ on the following dates:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Name (printed): \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Tattoo/Body Piercing Shop: \_\_\_\_\_

Shop Address: \_\_\_\_\_

Shop Owner(s): \_\_\_\_\_

**Note:** The statement of declination of Hepatitis B vaccinations is not intended to supersede or in any way affect any workmen's compensation law, common law, statutory rights, or duties or liabilities of employers and employees arising out of or in the course of employment.

**Important:** If you have received the vaccination series and/or have proof of immunity to Hepatitis B, please enclose appropriate documentation to:

Johnson County Health Department  
86 W. Court Street  
Franklin, IN 46131

Johnson County Health Department Form 3/08