

# HEPATITUS B - STUDENT STATEMENT

I understand that due to my occupational exposure to blood-borne pathogens I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have read and I am aware of the health risks of Hepatitis B.

I have also read and copied my state and local laws governing the practice of permanent makeup and tattooing laws.

I fully understand the risk of transmission and have full knowledge of its effects on the human body.

- I voluntarily decline the Hepatitis B vaccination at this time, understanding I continue to be at risk for Hepatitis B, a serious disease.
- I have received a current Hepatitis B Vaccination and I will provide a copy of it at the above email address.
- I have received a current Hepatitis B vaccination and I have lost the certificate or I am waiting for a copy of my vaccination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please print, fill out and sign. Send a copy to: [reneefeliu@hotmail.com](mailto:reneefeliu@hotmail.com)

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