



Ohio State Dental Board

77 South High Street, 17th Floor
Columbus, Ohio 43215-6135
614/466-2580 • Fax 614/752-8995

HEPATITIS B WAIVER REQUEST

According to Ohio Administrative Code 4715-20-01, the *Ohio State Dental Board* may waive the Hepatitis B requirements upon receipt of sufficient evidence establishing that such is justified.

4715-20-01 Patient and personnel protection.

(A) Immunization - All dentists and dental health care workers must show evidence of immunity to or immunization against the hepatitis B virus as specified by board guidelines. Such immunization must begin prior to patient contact. Medical documentation must be maintained in the dental facility for each dentist and dental health care worker providing care in that facility. This medical documentation must be made available immediately upon request by an authorized agent of the state dental board.

(D) Waiver - The board may waive the requirements set forth in paragraph (A) of this rule if the board determines that such waiver is justified based on medical documentation indicating that such immunization threatens their health and well being. Any board-approved waiver must be renewed according to the discretion of the board.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

PATIENT NAME _____ LICENSE NUMBER OR POSITION _____

PATIENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF ATTENDING PHYSICIAN _____

REASON FOR REQUEST _____

LENGTH OF PHYSICIAN TREATMENT _____

EXPLAIN WHY A WAIVER IS JUSTIFIED AND ATTACH SUPPORTING DOCUMENTATION (E.G. SEROLOGY TEST, ANTIBODY LEVEL)

THIS SPACE TO BE COMPLETED BY THE OHIO STATE DENTAL BOARD

Request approved _____

Request disapproved _____

SIGNATURE OF PHYSICIAN

DATE