



Ohio State Dental Board

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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 when such immunization does not threaten their health and well-being.*
 - (B) Waiver – The board may waive the requirements set forth in paragraph (A) of this rule if the board determines that such waiver is justified. Any board-approved waiver must be renewed annually.*
- HISTORY: Eff. 11-1-87; 7-25-93; 4-7-00*

PLEASE COMPLETE THE FOLLOWING INFORMATION:

PATIENT NAME	LICENSE
NUMBER	

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
<input type="checkbox"/> Request approved _____ <input type="checkbox"/> Request disapproved _____

SIGNATURE OF PHYSICIAN

DATE