POTOMAC CONFERENCE CORPORATION
Human Resources
606 Greenville Avenue, Staunton, VA 24401
Office (540) 886-0771 | Fax (540) 904-0722
http://www.pcsda.org

HEPATITIS B VACCINE

Principals and Teachers, please complete the applicable section: 1 or 2. Return completed form to Human Resources.

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. I have been given the opportunity to be vaccinated with the hepatitis B vaccine at no charge to me*. However, I understand I can decline the hepatitis B vaccination at this time. By declining this vaccine, I am aware that I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to become vaccinated with the hepatitis B vaccine, I can receive the vaccination series (three shots) at no charge to me**.

The OSHA Occupational Exposure to Blood-borne Pathogens Rule requires that one of the following statements be signed:

1) I **accept** the Hepatitis B Vaccine from the Potomac Conference Corporation.

Signature_____ Date_____

Witness_____ Date_____

2) I **decline** offer of the Hepatitis B Vaccine from the Potomac Conference Corporation.

Signature_____ Date_____

Witness_____ Date_____

* Expense for those employees on courtesy payroll is to be paid by the local hiring entity.

** Because vaccines obtained through a private medical office are quite expensive PCOE will only reimburse vaccines obtained through your local health department.