



# NOTICE TO ALL POOL EMPLOYEES & PARENTS

## Reference: Occupational Safety and Health Administrations Title 29, CFR, Section 1910.1030 - Hepatitis

Regulations require all employers to provide, free to each employee subject to exposure to blood or other potentially infectious materials, a series of three (3) Hepatitis B vaccinations. You may elect not to take these vaccinations by signing the Declination Statement below. Should you elect to take the series of shots, they will be given to you at our expense. Contact the Association office to make arrangements for the first vaccination. The second vaccination is one month from the first and the third vaccination is five months from the second. Employees that do not remain in the area will have to submit an invoice for the third vaccination and the Association will reimburse them. Those that decline to take the Hepatitis B vaccination MUST sign the Declination Statement. Those that elect to take the vaccinations MUST sign the Acceptance Statement. If the employee is under the age of 18, a parent or legal guardian must also sign the statement. Anyone that has had the Hepatitis B vaccine series may either sign the Declination Statement or provide proof of such to be made part of his/her records. If you have any questions, contact the Association office at 614-889-0922.

### ACCEPTANCE STATEMENT

I elect to take a series of three (3) Hepatitis B vaccinations. This series of vaccinations shall be provided during my employment with Muirfield Association, Inc. and shall be of no cost to me. I understand that, as with most vaccines, an allergic reaction may occur. I understand that if I have any questions or concerns regarding this vaccine, it is my responsibility to talk to a physician before taking these shots. I agree to take the vaccinations on the dates given to me by my employer, Muirfield Association, Inc. I will give proper notice if I am not able to attend on those dates. I understand that I have been given the option to decline these vaccinations.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature (If employee under 18 yrs. Old)

\_\_\_\_\_  
Date

### DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious material I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B Vaccine at no charge to myself. I understand that by decline this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If anytime during my employment with Muirfield Association I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated with the Hepatitis B vaccine, I may receive the vaccination series at no charge. I will contact my employer if I choose to be vaccinated at a later date.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature (If employee under 18 yrs. Old)

\_\_\_\_\_  
Date