



To Our Valued Employee

Please note that healthcare facilities requires from each contract nurse to provide one of the following:

- Proof of Hepatitis B vaccination (or proof of positive titer), OR
- A signed waiver from the professional Nurses' Staffing

In order to expedite the items above, please send us either the documentation or sign and date the waiver below.

W A I V E R

I, the undersigned, as a highly skilled, specialized and educated professional nurse, have a full understanding of the risks involved with the blood borne diseases such as Hepatitis B HIV.

I have chosen not to obtain the Hepatitis B Vaccine (Hep-T-Vac).

Since "A" BEST INTERNATIONAL PLACEMENT AGENCY has no control over the work environment at contract locations, or my actions at same, I will not hold "A" BEST INTERNATIONAL PLACEMENT AGENCY or the hospital/healthcare facility responsible or liable for the results of my decision in this matter.

I also understand that I should contact "A" BEST INTERNATIONAL PLACEMENT AGENCY immediately should an exposure incident occur so that the necessary post-exposure follow-up and treatment can be initiated.

Signature over Printed Name

Date