

Very Important Notice

Dear Elite Worldwide Travel Staffing, Limited (WTS) Traveler,

Effective July 6, 1992, the Occupational Safety and Health Administration (OSHA) set forth guidelines for employers and employees that may have occupational exposure to bloodborne pathogens. In compliance with the OSHA standards regarding Hepatitis B vaccination, one of the following must be completed prior to starting an assignment with Worldwide Travel Staffing, Limited:

Hepatitis B Vaccination

1. You must provide documentation that you have received or are in the process of receiving the Hepatitis B vaccine (3 in the series), or have the titer.

OR

2. You must sign the attached waiver declining the vaccine at this time. Note: Individual hospital policy may require that you be vaccinated before employment.

Reimbursement

WTS will reimburse you for the cost of the Hepatitis B vaccination, providing that you meet the following requirements:

1. Submit documentation that you have received the vaccination while on an assignment with WTS or within thirty (30) days of an assignment start date.
2. To insure a of reimbursement, documentation of the amount paid must be provided and meet with standards of Reasonable and Customary charges. A written receipt from your Physician, including the date the vaccine was given and the number in the vaccination series, will need to be submitted.

I, _____, have read the above information and understand the implications of non-compliance.

Signature: _____ Date: _____

Hepatitis B Vaccination Information

Name: _____ Social Security Number: _____

Please provide us with your vaccination history:

I, _____, have completed the Hepatitis B vaccine series _____, or I am immune, _____, or I am in the process of receiving the vaccine _____.

Series 1: _____ Date Given: _____

Series 2: _____ Date Given: _____

Series 3: _____ Date Given: _____

Please attach documentation signed by the attending Physician.

Signature: _____ Date: _____

Physician Signature: _____

Waiver

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 myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, 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 be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature: _____ Date: _____

Witness: _____