



156 Harvey Road  
Londonderry, NH 03053  
P 603 296 0950  
F 603 218 7676

Call us toll free 800 657 6517

### HEPATITIS B WAIVER

I understand that due to my occupational exposure to blood and other potentially infectious materials, I may be at risk of acquiring Hepatitis B (HBV) infection. I have been advised to be vaccinated with the Hepatitis B vaccine.

I understand the above statement and hereby state: (check one)

\_\_\_\_\_ I have been vaccinated with the Hepatitis B Vaccine.

\_\_\_\_\_ I have not been vaccinated with the Hepatitis B Vaccine. I will inform MAS Medical Staffing if I am vaccinated with the Hepatitis B vaccine.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date