



2096 Red Arrow Trail
Madison, WI 53711

TEL (608) 275-6740
FAX (608) 275-6756
www.reachdane.org

Date _____

I, _____, waive the Hep B series. I understand that if I wish to obtain this 3 shot series in the future that I may do so and that Reach Dane will pay for the cost as long as I am still an active employee.

Signature _____