

APPENDIX M: TALENT WAIVER

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

TALENT CONSENT AND WAIVER

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IN WITNESS WHEREOF I have hereunto set my hand and seal this
day of _____ 20 _____

Signature

Name (Print)

Address

State

Zip Code

WITNESS:

Signature

Date

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