



Date: _____

To Whom It May Concern:

_____ is an employee at the _____ Camp operated by Advanced-Exploration Inc. This person handles hazardous waste as part of their daily job. Would you please administer this individual the Hep A & Hep B series of vaccinations, and provide a proof of vaccination record. If you have any questions on the kind of exposure please call 604-759-3432 and ask to speak to the camp Medic. If there is any cost for this service please contact 867-928-8030.

Thank you very kindly,

Project Manager:
Phone:
Email: