

**~~Verification Form A~~**

~~By my signature, I verify that I have reviewed and received a copy of the Communicable Diseases Policy GBEA, GBEA R and Forms A-11 and A-12 and agree to abide by their contents. I understand this Policy is subject to change and it is my responsibility to be aware of any changes.~~

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date

\_\_\_\_\_  
Witness Signature \_\_\_\_\_ Date

RESCIND