



## MEDICAL EVALUATION DECLINATION FORM

### ACKNOWLEDGEMENT

I understand that I have had a potential exposure incident involving blood or other potentially infectious materials. I have been given the opportunity to be evaluated by a licensed physician at no charge to myself.

I am in agreement and accept the evaluation by a licensed physician at this time.

I decline to be evaluated at this time. I understand that by declining this evaluation, I may be at risk of acquiring Hepatitis B or HIV, both serious diseases.

### EMPLOYEE INFORMATION

Employee Name: Click or tap here to enter text.

Employee Signature: \_\_\_\_\_

Employee SSN: Click or tap here to enter text.

### DEPARTMENT INFORMATION

Department: Click or tap here to enter text.

Date: Click or tap here to enter text.

Direct Supervisor: Click or tap here to enter text.

Supervisor Signature: \_\_\_\_\_