



Human Resources

## POST-EXPOSURE INCIDENT MEDICAL EVALUATION DECLINATION

The attached Supervisor's Incident Report and Post-Exposure Evaluation and Follow-up Checklist forms describe the route(s) and circumstances of the exposure incident. I have been educated in the importance of seeking medical evaluation following an exposure incident and I understand that this confidential medical evaluation, prophylaxis, and follow-up treatment is offered to me free of charge.

I decline confidential medical evaluation, prophylaxis, and follow-up treatment as a result of incident occurring on \_\_\_\_\_.

Insert Date

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Employee Signature

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Date

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Employee Printed Name

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Department / Job Classification

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Employer Signature (Department Head,  
Supervisor, or Human Resources staff)

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Date

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Employer Printed Name

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Employer Street Address

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Employer City, State, Zip Code

This form must be retained in the employee's medical record maintained by the employer for the duration of employment plus 30 years.

**RETURN TO HUMAN RESOURCES FOR EMPLOYEE MEDICAL FILE**

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