



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

Employee Signature

Date

Employee Printed Name

Department / Job Classification

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

Date

Employer Printed Name

Employer Street Address

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