

Refusal of Post-Exposure Medical Evaluation

for Bloodborne Pathogen Exposure

Weber State University – Environmental Health & Safety

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Supervisor or Clinical Instructor: Print and complete this form only if the exposed individual refuses post-exposure medical evaluation by a health care professional. Send this completed form to Environmental Health & Safety, mail code 3002.

Exposed Individual Information

Name: _____

WSU Department or Program: _____

Exposure Date: _____

Social Security Number: _____

Exposure Information

Facility and Department where the incident occurred: _____

Type of Protection equipment used (gloves, eye protection, etc.): _____

Describe how you were exposed:

Tell how this type of exposure can be prevented:

Statement of Understanding

I have been fully trained in WSU's Exposure Control Plan, and I understand I may have contracted an infectious disease such as HIV, HCV or HBV. I also understand the implications of contracting these diseases.

I have been offered follow-up medical testing free of charge by my employer to determine whether or not I have contracted an infectious disease such as HIV, HCV, or HBV. I have also been offered follow-up medical care in the form of counseling and medical evaluation of any acute febrile illness (new illness accompanied by fever) that occurs within twelve weeks post-exposure.

Despite all the information I have received, for personal reasons, I freely decline this post-exposure evaluation and follow-up care.

Exposed Individual's Signature: _____

Date: _____

Witness Name: _____

Signature: _____