

## Informed Refusal of Postexposure Evaluation

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of being infected by bloodborne pathogens (including HIV, Hepatitis B and Hepatitis C). I have been informed about the symptoms and the hazards associated with these viruses, as well as the modes of transmission of bloodborne pathogens.

I had an exposure incident on \_\_\_\_\_, 20\_\_.

The type of incident was a:

\_\_\_ stick injury

\_\_\_ body fluid contact on exposed skin or mucus membrane

Please briefly describe incident and how it occurred:


My employer has offered to provide postexposure evaluation and any recommended followup so that I can determine whether I have been exposed to an infectious disease, and if so, whether I have contracted it.

However, despite this offer from my employer, I, of my own free will and volition, choose **not** to have a medical evaluation (*for personal reasons*).

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

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date