



Refusal of Post Exposure Medical Follow-Up

EMPLOYEE NAME: _____

POSITION/FACILITY: _____

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) and any other Bloodborne Diseases. I have been given the opportunity to be evaluated by a medical professional at no charge to myself. However, I decline medical treatment at this time. I understand that by declining, I may be putting myself at increased risk of acquiring Hepatitis B and any other related conditions. If in the future I want to receive post exposure treatment, I can do so at no charge to me, as long as I am still an employee of Chimes. If I cease to be an employee at Chimes it will be my responsibility, not the responsibility of Chimes, to schedule a medical evaluation.

Employee Signature

Date

Signature of Agency Representative

Date