



Informed Refusal For Medical Evaluation

Environmental Health & Safety

Name: _____

Job Title: _____

Department: _____

I have had an injury or exposure to potential bloodborne pathogen. I have been advised to seek a medical evaluation for this injury/exposure and have been informed that the medical evaluation would be provided without cost to myself.

I have declined medical evaluation at this time.

I understand that I can seek medical evaluation in the future but that some time-sensitive treatments might not be available to me, or could be less effective, because of the time between injury/exposure and treatment.

Employee's Signature

Supervisor's Name

Supervisor's Signature

Date

Attach a copy of this form along with Incident Report and send both to:

Environmental Health & Safety

002 Martin Hall

Fax: 509-359-4690

Email: envhea@ewu.edu