

DIXIE STATE UNIVERSITY

Refusal of Post-Exposure Medical Evaluation

For Bloodborne Pathogen Exposure Incident

Date: _____

Name: _____

Banner ID#: _____

I was involved in an exposure incident on ___/___/___

Please describe the incident: _____

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

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

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

Employee/Student Signature: _____

Date: _____

Witness Signature: _____

Witness' Name printed: _____