Weber State University
Refusal of Post-Exposure Medical Evaluation Form
for Bloodborne Pathogen Exposure
Revised June 2014

Supervisor or Clinical Instructor: 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, 3700 Skyline Parkway Dept 2621  Ogden, Utah 84408-2621, Telephone: (801) 626-7823, Fax: (801) 626-8530.

Exposed Individual Information

Name: _____________________________________________________________

WSU Department or Program: __________________________________________

Exposure Date: ___________ Social Security Number: _______________________

Exposure Information

Facility & 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: _______________________________ Signature Date: ________________

Witness Name (Please Print): ___________________________________________

Witness Signature: ____________________________________________ Witness Date: ________________

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