

# **MEDICAL EVALUATION DECLINATION FORM**

## **Bowling Green State University**

I understand that I have had a potential exposure incident involving blood or other potentially infectious materials. I have been given the opportunity to be evaluated by a licensed physician at no charge to myself. However, I decline to be evaluated at this time. I understand that by declining this evaluation, I may be at risk of acquiring Hepatitis B or HIV, both serious diseases.

**Employee Name:** \_\_\_\_\_  
(print)

**Employee Signature:** \_\_\_\_\_

**Employee ID Number:**

**Regular Work Assignment:**

**Date:**

**Director:**