

**Refusal of Post-Exposure Medical Evaluation****For Bloodborne Pathogen Exposure**

Transylvania County Schools – School Health &amp; Safety

Print and complete this form only if the exposed individual refuses post-exposure medical evaluation by a healthcare professional. Send this completed form to TCS Health & Safety Director.

**Exposed Individual Information**

Name: \_\_\_\_\_

School: \_\_\_\_\_

Exposure Date: \_\_\_\_\_

**Exposure Information**

School 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 TCS'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.

It has been recommended by my employer that I receive follow-up medical testing 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: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Signature: \_\_\_\_\_