SONOMA STATE UNIVERSITY

POST-EXPOSURE MEDICAL EVALUATION DECLINATION

Date of Potential Exposure: _____

"I understand that due to my occupational exposure to blood or other potentially infections materials, I may be at risk of acquiring the human immunodeficiency, Hepatitis B, and/or Hepatitis C virus. I have been given the opportunity to receive a post-exposure medical evaluation due to a potential exposure to blood or other potentially infectious materials, at no charge to myself, however I decline the post-exposure medical evaluation."

NAME: _____ DATE: _____

EMPLOYEE SIGNATURE: _____