



EMPLOYEE INFORMED REFUSAL OF POST-EXPOSURE MEDICAL EVALUATION

I, _____, AM EMPLOYED AS A _____. MY EMPLOYER, BELIEVE THERAPIES, LLC., HAS PROVIDED TRAINING TO ME REGARDING INFECTION CONTROL AND THE RISK OF DISEASE TRANSMISSION IN THE THERAPY CLINIC.

ON _____ (DATE), I WAS POTENTIALLY EXPOSED TO INFECTIOUS DISEASE IN THE CLINIC. SUMMARY OF INCIDENT:

BELIEVE THERAPIES, LLC. HAS OFFERED TO PROVIDE A FOLLOW-UP MEDICAL EVALUATION AND RECOMMENDED TREATMENT FOR ANY INFECTIOUS DISEASE THAT I MAY HAVE CONTRACTED AS A RESULT OF THIS INCIDENT. HOWEVER, DESPITE MY EMPLOYER'S OFFER, I HAVE ELECTED NOT TO HAVE A MEDICAL EVALUATION. I HAVE A PERSONAL REASONS FOR MAKING THIS DECISION.

SIGNATURE

DATE

PRINT NAME

WITNESS

DATE