



## Arrowhead Head Start Employee Medical Exam Declination

I understand that because of a work related injury and/or possible exposure to blood or other potentially infectious materials, I may be at increased risk of acquiring a blood borne infection. I have been informed that I can be examined by a physician for evaluation at no charge. However, I choose to decline a doctor's exam.

\_\_\_\_\_  
**Printed Employee's Name**

\_\_\_\_\_  
**Job Title**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Exposure Control Officer Signature**

\_\_\_\_\_  
**Date**