

BSP-11 Declination Form

Directions: Use this when the designated employee elects NOT to be vaccinated and/or declines **health surveillance/screening** services offered free of charge. Maintain this in the Environmental Health and Safety employee file.

I. Vaccination Declined

I decline the following vaccinations (initial box):

Other (specify) _____

I understand that due to my occupational exposure in research, teaching or testing, I may be at risk of acquiring disease or expose to recombinant activities. I have been given the opportunity to be vaccinated, at no charge to myself. However, I decline the vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring serious or fatal disease. If, in the future, I want to be vaccinated, I can receive the vaccination(s) at no charge to me.

II. Occupational Health Program Medical Services Declined

I decline the **health surveillance/screening** services offered by the University of Hawaii.

I have been informed that due to the nature of my occupational exposure in research. I may be at risk of acquiring a zoonotic, allergic or research-related disease. The University of Hawaii has established a **health surveillance** program for early detection, diagnosis and treatment of research-related illnesses. I understand that the records from the program are confidential and that the University at no cost pays all expenses to myself. However, at this time, I choose to **DECLINE** the **health surveillance/screening** services offered as part of the University of Hawaii Environmental Health and Safety Program. I am aware that I continue to be at risk of acquiring a research-related illness. If in the future I continue to have occupational exposure in research while employed at the University and I elect to actively participate in the University's **health surveillance/screening** program, I may do so at no charge to myself. I therefore decline to complete.

III Respirator Program

I understand that because of my occupational exposure to agents or recombinant activities, I may be at risk for serious health effects including _____.

You have given me the opportunity to receive medical examination and testing for the potential health effects from biological material exposures, at no cost to

