

Declination Form for Nonemergency Related Medical Evaluations (Optional)

Use with Arsenic, Chapter 296-848 WAC

Employer _____

I understand that because of my occupational exposure to inorganic arsenic, I may be at risk for serious health effects including lung and skin cancer.

You have given me the opportunity to receive medical examination and testing for the potential health effects from inorganic arsenic exposures, at no cost to me. However, I decline to receive this medical examination and testing at this time.

I understand that by declining medical examination and testing, I continue to be at risk for lung and skin cancer and other health effects related to inorganic arsenic exposure.

I understand that I must have a medical evaluation to wear a respirator and without such an evaluation I cannot wear a respirator as part of my job. I also understand that declining to receive medical examination and testing for health effects from inorganic arsenic exposures does not exclude me from receiving a separate medical evaluation for respirator use.

If, in the future, I continue to have occupational exposure to inorganic arsenic and decide to receive medical examination and testing, I will be given the opportunity to receive them at no cost to me.

Employee's Name (Print)

Employee's Signature

Date

