

TUBERCULOSIS DECLINATION

I, (print) _____, understand that due to my occupational exposure to potentially infectious materials, I may be at risk for Tuberculosis. I can receive the TB test and/or x-ray, at no cost to me.

I accept the TB test and /or x-ray at this time.

Signature of Employee: _____ Date: _____

I decline the TB test and/or x-ray at this time.

Signature of Employee: _____ Date: _____

If in the future I continue to have occupational exposure to potentially infectious materials, and I want to receive the TB tested and/or x-rayed, I can receive it at no charge to me.

Signature of Employer: _____ Date: _____

Title: _____