



Occupational Health & Safety Program  
Oklahoma State University

Medical Questionnaire/Examination Declination Form

NAME: (Please Print) : \_\_\_\_\_ (CWID) \_\_\_\_\_

*The purpose of the Occupational Health and Safety Program (OHSP) is to provide a mechanism whereby OSU can fulfill and manage its institutional responsibility to provide a safe workplace for OSU employees involved in the care and use of animals used for research, teaching, and/or testing on the OSU Stillwater campus. Utilizing the principles of hazard identification, risk assessment, risk management, hazard/risk communication and training, as well as preventive medicine, we encourage you to take full advantage of the program. However, you may decline to participate fully in the program by signing this declination form.*

Declination Statement:

I understand that due to my occupational exposure to animals used for research, teaching and/or testing, Oklahoma State University (OSU) has established an Occupational Health and Safety Program for my benefit. I further understand that all personnel involved in the care and use of vertebrate animals at OSU are required to enroll in the OHSP and that this program is offered at no charge to me.

Although I am enrolled in the program by submission of the enrollment form, I decline to:

**(Please initial the box beside each item you decline.)**

Complete a medical questionnaire

Participate in a risk assessment

Participate in a medical examination

**I also understand that by declining any one of these portions of the OHSP I may be putting my health at risk but I make this decision freely.**

If in the future I continue to have occupational exposure to animals at OSU and I decide to participate fully in the OHSP by completing the medical questionnaire, participating in a risk assessment, and/or participating in the medical examination, I will be afforded the opportunity to do so at no charge to me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_