



## Medical Refusal Following Confirmed or Suspected Exposure to Human Blood or Other Potentially Infectious Material

**Employee Name:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**UID:** \_\_\_\_\_

*An exposure incident as defined by the Occupational Safety and Health Administration (OSHA) is a “specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials”. OPIM includes human bodily fluids (semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; any unfixed tissue or organ (other than intact skin) from a human (living or dead); and any HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV. Non-intact skin includes skin with dermatitis, hangnails, abrasions, chafing, burns, etc.*

**Employee - Initial the boxes below:**

\_\_\_\_\_ I choose **NOT** to seek treatment for my exposure at OSF Occupational Health or any other Prompt Care, Urgent Care or Emergency Department.

AND

\_\_\_\_\_ I understand that my refusal may impact a delay in care or future opportunities for care with costs covered by ISU’s third-party administrator for Workers’ Compensation.

AND

\_\_\_\_\_ I understand that a failure to seek medical attention within 72 hours of the exposure may increase my risk for developing an infection with Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV).

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

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

**Supervisor Name:** \_\_\_\_\_

**UID:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

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

**COMPLETED FORM MUST BE SENT TO: [workerscomp@ilstu.edu](mailto:workerscomp@ilstu.edu)**

**Supervisor: Provide a copy of the completed form to the employee.**