

VA Pittsburgh Healthcare System
Animal Exposure Preventive Medicine Program

Medical Evaluation Declination Form

Directions: Use this form when the designated employee elects NOT to participate in the VAPHS Animal Exposure Preventive Medicine Program. Maintain the form in the Employee's medical file.

EMPLOYEE'S NAME: _____

I have been informed that due to the nature of my occupational exposure to animals I may be at risk of acquiring a zoonotic, allergic, or animal-related disease. The VA Pittsburgh Healthcare System (VAPHS) has established a medical surveillance program for early detection, diagnosis and treatment of animal-related illnesses. I understand that the records from the program are confidential and that all expenses are paid by my department. However, at this time, I choose to NOT participate in the VAPHS Animal Exposure Preventive Medicine Program. I am aware that I continue to be at risk of acquiring an animal-related illness. If in the future, I continue to have occupational exposure to animals while employed at the VAPHS and I elect to participate in the VAPHS medical surveillance program, I may do so at no charge to myself.

Employee Signature

Date