

## True Exposure Referral Refusal

**Instructions:** Employees who receive an injury that may have resulted in a True Exposure (to blood and/or body fluids) must be referred immediately to the Oconee Regional Medical Center (ORMC) emergency room for evaluation and possible treatment. If an employee refuses to go right away for the evaluation and possible treatment, have him/her complete and sign this refusal form. Then immediately fax the completed form to the Nurse Administrator (445-5635) and OHIS (445-2118). Send the original form to OHIS Office (Yarbrough Bldg 1<sup>st</sup> Floor).

I understand that I have received an injury that may have resulted in a true exposure with blood and/or body fluids. I understand that a true exposure places me at risk of contracting a bloodborne illness or disease including but not limited to HBV or HIV. I understand that I have been referred to the Oconee Regional Medical Center emergency room (at no cost to me) for an evaluation to determine if I need any medication to help reduce my risk of contracting one of these illnesses or diseases. I understand that I should go immediately to the Oconee Regional Medical Center emergency for this evaluation because there is only a limited amount of time (2 hours) to take preventive medication should medication be indicated.

With these understandings, I refuse to go to the Oconee Regional Medical Center emergency room for this evaluation. My signature below signifies my refusal and my understanding of the risk to me of this refusal:

Employee Name (please print): \_\_\_\_\_

Employee ID number: \_\_\_\_\_

Employee Work Area (please print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Distribution:**

**Fax Immediately to Nurse Administrator (445-5635) and OHIS (445-2118)  
Send Original to OHIS Office (Yarbrough Building 1<sup>st</sup> Floor)**