**Form C: Declination** *(revised 08/12/19)*

You may choose to decline further medical evaluation and/or immunizations recommended by the Health Professional (HP) who initially reviewed your information on your Health History Questionnaire (HHQ) Form A. If you choose to decline, complete, sign, and **email** Form C to Straub, Jennifer.oldershaw@straub.net and copy dora.sakata@straub.net, or to equivalent Health Professional provider. HP completes Form B with this information and emails Form B to enrollee’s academic unitʻs point of contact. At any time you have the option to reconsider, by completing a HHQ (Form A) and resubmitting it to the HP.

**Section 1:** Contact Information (Individual completes this section)

Individual’s Name: Today’s Date:

Individual’s birthdate:

Individual’s email address:

Academic Unit (check one): JABSOM UH Cancer Center Animal & Veterinary Services

Individual’s Principal Investigatorʻs Name:

Principal Investigator’s email address:

**Section 2:** Further Medical Evaluation (check all that apply)

[ ]  I understand the risks associated with working with biological organisms and chemicals in research animals, or entering the vivariums and that the Health Professional has recommended that I be examined by a physician to assess risks to my health and ways to mitigate my risks. Nevertheless, I choose not to be examined by a physician.

**Section 3:** Recommended Immunizations (check all that apply)

[ ]  I understand that certain immunizations can be administered that may lessen the risk of acquiring specific serious or fatal diseases; nevertheless, I choose to decline these immunizations.

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Participant’s Signature Date *(mm/dd/yyyy)*