



## POST- DEPLOYMENT ASSESSMENT QUESTIONNAIRE DECLINATION

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(Please Print)

Persons returning from a designated deployment assignment are strongly encouraged to participate in the Florida Department of Health (FDOH) Post–Deployment Assessment.

Deployed staff may have been exposed to biological or environmental hazards. Every work experience is unique and may reflect individual differences regarding exposures. If you do not wish to participate, you are required to complete this Declination form.

☐ DECLINATION:

I understand that due to my deployment work assignment and possible exposure to potential biological or environmental hazards, I may be at risk for illness. I have been given the opportunity to be evaluated, however, I decline the evaluation at this time. I understand that by declining this assessment, I could be at risk for illness secondary to possible exposures. I may rescind this declination and request evaluation at any time.

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

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

☐ RESCIND DECLINATION:

I rescind my declination and request evaluation

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

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