Refusal of Treatment

This is documentation that on ____________________________ 20_____,
I, _________________________________ advised __________________________________
that he/she should be treated at Barnes-Jewish Hospital South Emergency Room or
transported to Barnes Care Midtown for medical evaluation subsequent to possible
exposure to hazardous materials.
______________________________ refused my advice in this matter.

Refusal of Treatment

I hereby refuse treatment/transport to a hospital and I acknowledge that such
treatment / transportation was advised by Washington University Environmental Health
and Safety.

__________________________________________      Date  _________________

(By signing this form you will not be denied medical treatment if sought at a later date.)