



New York State Unified Court System

Tuberculosis Testing Declination

Employee Name:
Employee Title:
Court Location/Agency:
Phone #:

Date of Incident: ___/___/___
Time of Incident: _____

DECLINATION STATEMENT

I understand that due to my occupational exposure that I may be at risk of acquiring Tuberculosis (TB). I have been given the opportunity to receive the Tuberculosis (TB) Mantoux Skin Test, at no charge to myself. I decline the Tuberculosis (TB) Mantoux Skin Test at this time. If in the future, I continue to have occupational exposure and I want to be administered the Tuberculosis (TB) Mantoux Skin Test, I can receive testing at no charge to me.

Employee Signature:
Date:

Scan a copy to work-safe@nycourts.gov