



The Hong Kong University of Science and Technology
Health, Safety and Environment Office

Medical Services Waiver Declaration

This form is to be completed by personnel who are non-HKUST members.

From: _____
Name *Company*

To: HSEO, HKUST

Date: _____

As an/a Animal Handler
 Biohazard Worker
 Laser Worker , I am recommended by
 Respirator User
 Others _____

HSEO to consult the Occupational Health Physician
 have serum banking
 have tetanus vaccine
 have hepatitis B vaccine
 eye examination
 others _____

Waiver Declaration

I hereby confirm that I exercise my right to decline receiving the above mentioned medical service(s) provided by the University. The University's Occupational Physician has explained to me in details of the purpose of receiving the mentioned medical service(s) and I decide not to opt for the medical service(s) offered.

Name: _____ Signature: _____
(In Block Letter)

Staff I.D. : _____ Date: _____