California State University, Long Beach

Exit Examination – Employee Declination

l,		, am a current or past participant in
the Californi	a State University, Long Beac	ch (University) medical monitoring
program. I	am ending my employment wi	th University and I acknowledge that
the Universi	ty has offered me an exit phys	sical examination. However I am
declining thi	s offer.	
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Employ	yee Signature	Date
Staff H	uman Resources Representative	Date