



VILLANOVA  
UNIVERSITY

Environmental Health and Safety Department

Annual Audiogram Medical Monitoring Program Declination Form

I, \_\_\_\_\_ have decided not to participate in the Villanova University annual audiogram as part of the Hearing Conservation Program's medical monitoring.

I am fully aware that this program was instituted for employees who potentially could be exposed to noise levels 85 decibels and above regularly during the work day.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature