

MEMORANDUM FOR RECORD

Subject: Declination of Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS) Blood Testing

I, _____, am a Department of Defense (DoD) Firefighter and was offered PFAS blood testing during my annual DoD Firefighter Occupational Medical Examination in accordance with the National Defense Authorization Act of Fiscal Year 2020 (NDAA FY20), Section 707.

I have received information regarding potential health effects of PFAS exposure and informed that I have the right to decline this PFAS blood test. I have been informed that I will not be eligible to receive PFAS blood testing through the DoD until my next annual DoD Firefighter Occupational Medical Examination.

By signing this form, I acknowledge that I am declining to be tested for PFAS levels in my blood.

DoD Firefighter Signature

Date