

MEMORANDUM FOR RECORD

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

I, \_\_\_\_\_, am a Department of Defense (DoD) Firefighter, or DoD person who performs firefighting duties as part of their job assignment and was offered PFAS blood testing during my initial (new hire) or annual Occupational Medical Examination in accordance with the National Defense Authorization Act of Fiscal Year 2020 (NDAA FY20), Section 707, and DoD Manual 6055.05, "Occupational Medical Examinations: Medical Surveillance and Medical Qualification."

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

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

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Signature

Date