

EMPLOYEE DISCLOSURE FORM

I,	, an employee of
, `	will not refuse care or treatment to a patient
based upon my cultural values or my religious beliefs.	
Employee Signature	Date
ī	harahy inform my amplayar
I,	, hereby inform my employer, , that because of my cultural values or
my religious heliefs. I may ref	use to treat a patient. (On the following lines
below, please explain in detail)	ase to treat a patient, (on the johowing times
,	
Employee Signature	Date