

BACK BRACE ACCEPTANCE / DECLINATION

Name (print): _____ Date: ___ / ___ / ___

Job Title: _____ Employee Number: _____

I have been informed that:

- 1) Back care educational material is available for viewing at anytime during office hours.
- 2) A back brace is available to me for the cost of \$21.00 (\$10.50 payroll deduction X 2)

Please choose one of the following:

ACCEPTANCE STATEMENT

____ I have received the above stated Back Brace information, and choose to purchase the back brace at this time.

Employee's Signature: _____ Date: ___ / ___ / ___

DECLINATION STATEMENT

____ I have received the above stated Back Brace information, but choose not to purchase the back brace at this time.

Employee's Signature: _____ Date: ___ / ___ / ___