**Important:** Use a black pen and write inside the boxes, otherwise we cannot process your form.

**Tip:** You can also fill in the form online. Go to **<URL>**. Click the ‘My screening’ button, log in using your DigiD.

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### YOU DO NOT WANT TO PARTICIPATE IN THE PROGRAMME

1. **Why do you not want to participate?**
   *Tick as appropriate:*
   - I don’t have the time or do not feel like taking part.
   - I cannot take part for medical reasons.
   - I have other reasons for not wanting to take part.

2. **Would you like to participate in future?**
   *Tick as appropriate:*
   - I want to participate in future → Send the form back to us in the return envelope. You do not need to sign it.
   - I do not want to participate at all → Sign at number 3 below.

### SIGNATURE

3. **Your signature**
   *You only have to sign the form if you do not want to participate now or in future.*
   Day Month Year
   [ ] [ ] [201 ]
   Your signature
   [ ]

### HOW TO SEND THE FORM

Send the form to: **<regionaal antwoordnummer DK>>**

A postage stamp is not necessary.