



BLOODBORNE PATHOGENS EXPOSED EMPLOYEE CONSENT

Occupational Exposure to Blood or Other Potentially Infectious Materials

Name of exposed employee _____

Date of exposure incident _____

PLEASE READ AND SIGN ONE OF THE THREE FOLLOWING CONSENT STATEMENTS

Note: The need for blood collection and testing for HBV/HIV serological status will be determined through the recommendations of your health care provider following his/her evaluation of your workplace exposure incident.

HBV = Hepatitis B Virus; **HIV** = Human Immunodeficiency Virus

STATEMENT 1

CONSENT FOR BLOOD COLLECTION/TESTING FOR HBV/HIV SEROLOGICAL STATUS.

Following exposure to blood or potentially infectious materials during the performance of my duties, I consent to having my blood collected as soon as feasible and tested for HBV and HIV serological status. I understand that blood test(s) costs will be covered under workman's compensation as an on-the-job-injury, at not cost to me. I further understand that the results of my blood test(s) will remain confidential, according to applicable standards and regulations, and will not be released to Community Colleges of Spokane.

Signature of consenting employee _____ Date _____

STATEMENT 2

CONSENT FOR BLOOD COLLECTION AND TESTING FOR HBV SEROLOGICAL STATUS ONLY

Following exposure to blood or other potentially infectious materials during the performance of my duties, I consent to having my blood collected as soon as feasible and tested for HBV serological status. I **do not** consent to having my blood testing for HIV serological status at this time. I understand that **my blood sample shall be preserved for at least ninety days**, and if, within 90 days of the exposure incident in which I was involved, I elect to have my blood tested for HIV, such testing shall be done as soon as feasible. I understand that blood test(s) costs will be covered under workman's compensation as an on-the-job-injury, at no cost to me. I further understand that the results of my blood test(s) will remain confidential, according to applicable standards and regulations, and will not be released to Community Colleges of Spokane.

Signature of consenting employee _____ Date _____

STATEMENT 3

REFUSAL OF CONSENT FOR BLOOD COLLECTING AND TESTING

Following exposure to blood or potentially infectious materials during the performance of my duties, I **do not** consent to having my blood collected as soon as feasible and tested for HBV and HIV serological status. I understand that blood test(s) would be provided, through workman's compensation, at not cost to me. I further understand that the results of my blood test(s) would remain confidential and would not be released to Community Colleges of Spokane.

Signature of consenting employee _____ Date _____