



Patient Consent to Draw and Test Blood

Date:

Name of Care Center:

Patient's Name:

Address:

I understand that an employee was involved in an incident on _____ that may have resulted in exposure to my blood.

It has been explained to my satisfaction that this incident does not put my health or well-being at risk.

I agree to have my blood tested, at no charge to me, as part of this facility's post exposure follow-up procedure as required by OSHA regulations. The results of my blood test will be used only for evaluation purposes and will remain in confidential medical records.

I wish to be notified of the results of my blood test.

I do not wish to be notified of the results of my blood test.

Patient Signature

Date

TO BE COMPLETED BY OFFICE MANAGER ONLY:

Blood was drawn and tested on:

The employee involved in the incident was advised of the test results on:

The source patient did not consent to testing.