Blood-Borne Pathogens

Receipt and acknowledgement

My signature below acknowledges that I have:

- Have accessed the CDC information: "Exposure to Blood: What Health-Care Workers Need to Know" along with the accompanying School of Nursing information: "Additional Notes on Blood-borne Pathogens."

- Read and understand the CDC and School of Nursing information provided.

- Will contact my professor and/or the appropriate agency representative if I have questions about appropriate precautions.

- Am responsible for following these precautions and agency protocol when participating in any experiences with clients.

______________________________
Student signature

Option (BSN, MSN, Post-Master's, DNP, PhD)

______________________________
Student name (printed)

Student ID# (Banner)

______________________________
Date

Students must sign this form and upload to CastleBranch.