



Snohomish School District No. 201
Hepatitis B
Exposed Employee Consent Form

6512F3
Page 1 of 1

To be completed by exposed employee.

Please read all and sign one of the following three sections. Sign the one section which reflects your decision at this time and return to Human Resource Services.

A. Consent for Blood Collection and Testing

Date of Exposure Incident: _____

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 serological status. I understand that blood test(s) will be provided by the school district at no cost to me. I further understand that the results of my blood test will remain confidential and will not be released to the district.

Signature of Consenting Employee: _____ Date: _____

B. Consent for Blood Collection Only

Date of Exposure Incident: _____

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. I do not consent to having my blood tested for HBV serological status at this time. I understand that my blood sample shall be preserved for at least ninety days, and if within ninety days of the exposure incident in which I was involved, I elect to have my blood tested for HBV, such testing shall be done as soon as feasible. I understand that the blood test will be provided by the school district at no cost to me. I further understand that the results of my blood test(s) will remain confidential and will not be released to the school district.

Signature of Consenting Employee: _____ Date: _____

C. Refusal of Consent for Blood Collection and Testing

Date of Exposure Incident: _____

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 serological status. I understand that the blood test would be provided by the school district at no cost to me. I further understand that the results of my blood test would remain confidential and would not be released to the school district.

Signature of Employee Refusing Consent: _____ Date: _____