

To be completed by source individual or legal guardian of.

Description of Exposure Incident

On _____, _____ came in contact
(Date of incident) (Name of school district employee)

with the blood or other potentially infectious material of _____
(Name of source individual)

The exposure incident occurred in this way: _____

**Please Read Each of the Following Two Sections Carefully
and Sign the One Section Which Reflects Your Decision**

Consent

I give my consent to have the blood of _____ (*Name of source individual*) tested for Hepatitis B virus (HBV) as needed. I understand results of the test will be made available to the exposed employee, who will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the individual named above, including the following statements:

"This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of such records without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for this purpose." RCW 70.24.105 (5).

Signature of source individual

Date

OR

Signature of source individual's parent or guardian

Date

Refusal Of Consent

I refuse to give consent to have the blood of _____ (*Name of source individual*) tested for Hepatitis B Virus (HBV).

Signature of source individual

Date

OR

Signature of source individual's parent or guardian

Date