



Snohomish School District No. 201
Snohomish, Washington 98290

**Hepatitis B
Exposure Incident- Students**

Description of Exposure Incident

On (date of incident) _____, (name of student) _____
came in contact 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, _____ (name of source individual) give my consent to have my blood tested for Hepatitis B Virus (HBV) as needed. I understand that the results of the test will be made available to the exposed student's parent/guardian and his/her professional health care provider. I further understand that the results of the test will not be released to the school district. I understand that the exposed individual will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the individual named above, including the following statement:

"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).

Exposed student's parent/guardian to whom blood test results will be released:

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: () _____

Signature of Source Individual: _____ Date: _____

or

Signature of Source Individual's Parent/Guardian: _____

Date: _____

Refusal of Consent

I, _____ (name of source individual) refuse to give
consent to have my blood tested for Hepatitis B Virus (HBV).

Signature of Source Individual: _____ Date: _____

or

Signature of Source Individual's Parent/Guardian: _____

Date: _____

**Please Note that Form 6512F.7 Require that Signature Pages be Signed and Returned to
Human Services Within Three (3) Days of the Date on Which They were Received.**
