



Bloodborne Pathogen Acknowledgement Form

I _____ completed the InfoSource Simple School Safety Bloodborne Pathogens and MRSA online training course on _____. I received information about the following:

- Hepatitis B, C , HIV and MRSA
- Modes of transmission of blood borne pathogens and how to protect myself from exposure
- What procedure to follow if I feel I have been exposed to potentially infectious material
- What measures are in place to help protect me from an accidental exposure (engineering and work practice controls and personal protective equipment)
- Where I can find a copy of the district exposure control plan

I understand that I can contact the district nurse for any further questions or concerns that I have.

I understand that if I am considered to be at risk for occupational exposure to blood borne pathogens, and have not had the Hepatitis B vaccine series, I can request vaccination and it will be provided to me by the school district..

I have not had Hepatitis B vaccine and would like to receive it _____.

I do not wish to receive the Hepatitis Vaccine at this time _____.

I have had the Hepatitis B vaccine in the past and do not need it _____.

Staff Signature

Date