

PINELLAS COUNTY SCHOOLS
**BLOODBORNE PATHOGENS POST-EXPOSURE
BLOOD TESTING OF EXPOSED EMPLOYEE CONSENT/DECLINATION FORM**

Introduction

Pinellas County Schools offers at no cost to any BBP exposed employee, post-exposure blood testing for hepatitis B virus (HBV) infection, hepatitis C virus (HCV) infection and/or human immunodeficiency virus (HIV) infection. If the employee consents to baseline blood collection but does not give consent at that time for HIV serologic testing, the treating physician must preserve the blood sample for a period of at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested for HIV, such testing shall be performed as soon as feasible.

The licensed healthcare professional conducting the tests is responsible for providing information about the tests and testing procedures, including the purpose and limitations of the tests, the significance of the test results and the right to be tested anonymously. Any questions you may have regarding the nature of the tests should be directed to the licensed healthcare professional.

Consent Form: I, _____ have read and understand the above information. Due to my occupational exposure to blood or other potentially infectious materials, I realize that I may be at risk of acquiring Hepatitis B virus (HBV) infection, Hepatitis C Virus (HCV) infection and/or human immunodeficiency virus (HIV) infection, all serious illnesses. I hereby consent to the following blood collections/tests (check all that apply):

Hepatitis B Virus (HBV) Hepatitis C Virus (HCV) Human Immunodeficiency Virus (HIV)

Employee Signature	Witness Signature
Relationship	
Date	Date

Declination Form: I, _____ have read and understand the above information. Due to my occupational exposure to blood or other potentially infectious materials, I realize that I may be at risk of acquiring Hepatitis B virus (HBV) infection, Hepatitis C virus (HCV) infection and/or human immunodeficiency virus (HIV) infection, all serious illnesses. However, I hereby decline my right to have blood collected/tested.

Employee Signature	Witness Signature
Relationship	
Date	Date