

WAIVER OF BLOODBORNE PATHOGEN POST-EXPOSURE EVALUATION AND FOLLOW-UP

On _____ I was involved in an exposure incident involving eye, mouth, other mucous membrane, non-intact skin or other contact with blood or other potentially infectious materials during the performance of my duties at _____

(employer). I acknowledge that _____ (employer) made immediate follow-up medical evaluation and testing available to me at _____ (medical facility). This evaluation would have included:

- ✓ identification and documentation of the source individual, and with consent, blood testing for HBV and HIV
- ✓ collection and testing of my blood for HBV and HIV serological testing within 48 hours of exposure
- ✓ referral to a medical facility for evaluation
- ✓ follow-up blood testing for HIV at 6 week, 12 weeks, 3 months, 6 months and one year
- ✓ post-exposure prophylaxis, when medically indicated and counseling if requested
- ✓ complete evaluation of reported illnesses

Nevertheless, I voluntarily declined to participate in the post-exposure evaluation and follow-up and hereby release _____ (employer) from any liability arising out of my election not to participate in the post-exposure evaluation and follow-up.

Employee: _____ Date: _____
Witness: _____ Date: _____
Employer: _____ Date: _____