



Blood Borne Pathogens Acknowledgement

Name: _____

Job Skill (Please circle): RN LPN PT PTA OT OTA CST CNA Other: _____

Exposure Category I

I, _____, understand that it is reasonably anticipated that skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials may result from the performance of tasks and procedures that are required of me in this job classification. I have thorough knowledge of the proper use of personal protective clothing and equipment and their general location in patient care areas. Also, I have been instructed to locate the personal protective clothing and equipment in my specific work area. I have received education regarding the Exposure Control Plan, Universal Precautions and the Hepatitis B vaccination and agree to follow all policies and procedures related to exposure control. I have had the opportunity to ask questions related to potential occupational exposures to blood and blood borne pathogens.

Exposure Category II

I, _____, understand that the normal tasks and procedures required of me in this job classification do not ordinarily present occupational exposures of blood or blood pathogens; however, occasionally, it may be reasonably anticipated that skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials may occur in the performance of tasks and procedures that are required of some employees in this job classification. I have a thorough knowledge of the proper use of personal protective clothing and equipment and their general location in patient care areas. Also, I have been instructed to locate the personal protective clothing and equipment in my specific work area. I have received education regarding the Exposure Control Plan, Universal Precautions and the Hepatitis B vaccination and agree to follow all policies and procedures related to exposure control. I have had the opportunity to ask questions related to potential occupational exposures to blood and blood borne pathogens.

Employee Signature

Date

MedFirst Representative

Date