# CONSENT FOR HBV AND HIV TESTING

I have been given an explanation of what HBV and HIV tests mean, including the following:

1. The tests are to determine the presence or absence of HBV or HIV infection.

2. A false positive test (positive test for an individual who is negative) may occur due to limitation of the screening procedure. A second test may be necessary to confirm a positive test.

I agree to have my blood tested for the presence of HBV and HIV infection. I have been able to ask questions about the tests. Those questions were answered to my satisfaction. I understand the benefits and risks of the tests.

I agree to have the blood test results released to myself, my physician, the exposed employee, and employee’s physician.

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SOURCE PERSON OR LEGAL GUARDIAN SIGNATURE DATE & TIME

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SOURCE PERSON OR LEGAL GUARDIAN NAME (PRINT)

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