

Source Patient Consent for Blood Test

Patient Name _____	Date _____
Address _____	

Employee Name _____	

I understand that a healthcare worker was involved in an accident in the office and may have been exposed to my blood. It has been explained this accident does not put my health at risk.

I agree to have my blood tested, at no charge to me, for Hepatitis B, Hepatitis C and HIV as required by OSHA regulations following an exposure incident of a health care worker.

I understand that the results of this blood test will be discussed with me, used to determine the need for treatment of the employee, if any, and otherwise will remain in my confidential medical records with the health care provider who conducts the test.

Patient Signature

Date _____

Witness Signature

Date _____

For office use only:

Blood was drawn on _____ by/at _____

The employee was advised of the test results on _____.

The physician treating the employee is _____

Information completed by _____ Date _____

Retain a copy of this form in the employee medical record for the term of employment plus 30 years.