**Ashe County Schools**

*Bloodborne Pathogens*

Name: Job Classification:

 (Please Print)

School: Department:

 I am a substitute staff member

I acknowledge by signing this document that I have reviewed that PowerPoint presentation on the bloodborne pathogens and universal precautions located on the district web site.

I understand that I may contact the district school nurse regarding questions about this informations and my eligibility for the Hepatitis B vaccine as defined by the Ashe County Schools Exposure Control Plan.

I have copied out the Bloodborne Pathogens quiz and answered the questions and attached to this page for the School Nurse to review.

I understand that I may contact the School Nurse if I have any questions.

 Signature Date

 Email Address

 School Nurse Date Reviewed