# Introduction

Source Individual is the person whose blood or body fluids provided the source of this exposure. This form is to be completed and submitted to the health care professional and EH&S.

# Exposed Individual's Information

|  |  |
| --- | --- |
| Name |  |
| Florida Tech ID |  |
| Phone / Email |  |
| Exposure Date |  |

# Source Individual's Statement of Understanding

I understand that employers are required by law to attempt to obtain consent for HIV and HBV infectivity testing each time an employee is exposed to the blood or body fluids of any individual. I understand that an individual has been exposed to my blood or body fluids and that testing for HIV and HBV infectivity is being requested. I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me. I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when an HIV antibody is not present and that follow-up tests may be required. I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the exposed health care worker for his or her medical benefit only, and to others only as required by law.

# Source Individual’s Identification, Consent or Refusal, and Signature

**I hereby consent to:**

HIV Testing  HBV Testing

**I hereby refuse consent to:**

HIV Testing  HBV Testing

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Source Individual Name (Print) Source Individual Name (Signature) Date

|  |  |
| --- | --- |
|  |  |

Relationship (*if signed by anyone other than the source individual*)