

Blood-Borne Pathogens

Receipt and acknowledgement

My signature below acknowledges that I have:

- Have accessed the CDC information: "Exposure to Blood: What Health-Care Workers Need to Know" along with the accompanying School of Nursing information: "Additional Notes on Blood-borne Pathogens."
- Read and understand the CDC and School of Nursing information provided.
- Will contact my professor and/or the appropriate agency representative if I have questions about appropriate precautions.
- Am responsible for following these precautions and agency protocol when participating in any experiences with clients.

Student signature

Option (BSN, MSN, Post-Master's, DNP, PhD)

Student name (printed)

Student Id # (Banner)

Date

Students must return this signed form in order to participate in experiences with clients. Please return this signed form to:

Office of Student Services

Saint Louis University School of Nursing
3525 Caroline Mall
St. Louis, MO 63104-1099
fax: (314)977-8949

Original-student's official file.
Copy-to student.

form updated: 07/01/08