

Bainbridge Island Metropolitan Park & Recreation District
7666 NE High School Road NE
Bainbridge Island, WA 98110
206.842.2306



Source Individual
Blood Test Consent/Refusal Form
HIV/HBV

CONFIDENTIAL

(For Human Resource Department Use Only)

This form should be completed by source individuals who may have exposed an employee of the Bainbridge Island Metropolitan Park & Recreation District to bloodborne pathogens. It should be returned to the Human Resource Manager. (A source individual is someone whose blood or other potentially infectious materials may be a source of occupational exposure to an employee).

Source Individual Name: _____

Date of Incident: _____

Location of Incident: _____

Name of Exposed Employee: _____

Type of potentially infectious material employee was exposed to: _____

Source individual, please check one:

- I agree to have my blood tested for a possible HIV/HBV infection and released to the exposed employee. I understand that this blood test will be conducted at no charge to me.**
- I do not want to have my blood tested for a possible HIV/HBV infection.**

Source Individual Signature (If 18 or older) _____
Date

If Source Individual is 17 or younger:

Legal Guardian: _____
Name Signature Date