

Bloodborne Pathogens Exposure Control Plan Enrollment

I hereby acknowledge that I have been informed of my risk of exposure to Human Blood or Other Potentially Infectious Materials (OPIM) as part of my work, research, or class activities at UNCG. (*OPIM includes: human primary cells, cell lines, unfixed tissues, semen, vaginal secretions; cerebrospinal, synovial, pleural, pericardial, peritoneal, and amniotic fluids; and body fluids visibly contaminated with blood or in situations where it is difficult to differentiate between body fluids.*) I have received training on these risks, how they may be minimized, and procedures to follow should I have an exposure incident with blood or other potentially infectious materials, and hereby agree to comply with facility policies in these and other matters.

Training and appropriate personal protective equipment have been provided for me.

Due to the possibility of exposure to hepatitis B, a serious disease, a vaccination for this disease has been made available at no cost to me. (Each department is responsible for paying the vaccine fee to Gove Health Center)

- I agree to complete the vaccine series.
- I decline the Hepatitis B vaccination at this time.
- I have already completed the vaccine series.

Exposed Individual: _____ UCG ID#: _____
Print

Signature Date: _____

Supervisor (PI): _____ Date: _____
Signature

Submit completed form to: Lab Safety at the EH&S Department