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**POST EXPOSURE TESTING CONSENT FORM
SOURCE INDIVIDUAL**

I was recently involved in an exposure incident at Northwestern Health Sciences University.
I am the source individual.

As this exposure may possibly transmit the hepatitis B virus (HBV), hepatitis C, (HCV), or the human immunodeficiency virus (HIV), I understand that it is important that my blood be tested for Hepatitis B, Hepatitis C, and HIV.

_____ I agree to have my blood tested for hepatitis B, hepatitis C, and HIV (baseline).

_____ I decline to have my blood tested at this time.

Signature

Date

Witness signature

Date

The Center for Disease Control (CDC) has suggested testing at the following intervals:

	Date	Results
• At time of exposure (<u>baseline</u>)	_____	_____

**Northwestern Health Sciences University
POST EXPOSURE
UNKNOWN SOURCE INDIVIDUAL**

I was recently involved in an exposure incident at Northwestern Health Sciences University. I am the exposed individual. The incident was such that the source individual for this exposure incident cannot be identified.

Signature

Date

Witness signature

Date