



WEBER STATE UNIVERSITY

Environmental Health & Safety

*Source Individual's Consent or Refusal Form

for HIV, HBV and HCV Infectivity Testing

*This person's blood or body fluids provided the source of this exposure.

Revised January 2023

NOTE: Print this form and distribute copies of this form to: Health Care Professional WSU HR 1016

Exposed Individual's Information

Name (Please Print): _____

WSU Department or Program: _____

Telephone Number: _____ Exposure Date: _____

Source Individual's Statement of Understanding

I understand that employers are required by law to attempt to obtain consent for HIV, HBV, and HCV infectivity testing each time an employee is exposed to the blood or bodily fluids of any individual. I understand that a WSU employee or student intern has been accidentally exposed to my blood or bodily fluids and that testing for HIV, HBV, and HCV infectivity is 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 healthcare worker for his or her medical benefit only and to others only as required by law.

Consent or Refusal & Signature

I hereby *consent* to: HIV Testing HBV Testing HCV Testing

I hereby *refuse* consent to: HIV Testing HBV Testing HCV Testing

Source Individual Identification

Source individual's printed name and signature: _____

Date Signed: _____

Relationship (If signed by someone other than the source individual): _____

For More Information

Contact WSU's Human Resources 3850 Dixon Parkway Dept 1016 Ogden, Utah 84408-1016
Telephone: (801) 626-6184, Fax: (801) 626-6925.