**POST-EXPOSURE BLOOD/BODY FLUIDS**

**WAIVER TO SEROLOGIC TESTING FOR HIV/HBV**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 I, the undersigned, hereby acknowledge that I have been counseled on the post-exposure risks of infection to me from blood/body fluids, including Hepatitis B and AIDS and have been offered serological testing for follow-up. I understand that this testing would be drawn at no cost to me. I have declined serological testing.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dated:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witnessed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time:**