

EMPLOYEE CONSENT FORM
HIV, HEPATITIS B AND C VIRUS BLOOD TESTING

I have been informed that my blood will be tested in order to detect whether or not I have antibodies and/or antigens in my blood to the Human Immunodeficiency Virus - HIV (which is the probable causative agent of Acquired Immune Deficiency Syndrome - AIDS) and Hepatitis B and C. I understand that the tests are performed by withdrawing blood and using a substance to test the blood.

I have been informed that the HIV test results may, in some cases, indicate that a person has antibodies and/or antigens to the virus when the person does not (false positive), or that it may fail to detect that a person has antibodies to the virus when the person has antibodies (false negative). I understand that in order to diagnose AIDS, other means must be used in conjunction with this blood test.

I have been informed that the HIV virus is spread through the blood from an infected person. Blood, plasma, organs or sperm should not be donated or given if I test positive. HIV can also be spread through sexual relationships, shared needles for intravenous (IV) drug use, or to the unborn child during pregnancy or birth.

I have been informed that if I have any questions regarding the nature of the blood tests, its expected benefits, its risks and alternative tests, I may ask those questions before I decide to consent to the blood tests.

I understand that the results of these blood tests are confidential and will only be released to those health care practitioners directly responsible for my care and treatment and to others, as required by law.

By my signature below, I acknowledge that I have been given all of the information I desire concerning the blood tests and release of results and have had all of my questions answered.

- **I give my permission for my blood to be tested for HIV, Hepatitis B, and Hepatitis C antibodies and antigens.**

Employee's Signature

Date

- **I do not give my permission for my blood to be tested for HIV antibodies, however, my blood may be collected and a sample kept for 90 days.**

Employee's Signature

Date

- **I do not give my permission for my blood to be tested for HIV, Hepatitis B and Hepatitis C antibodies and antigens.**

Employee's Signature

Date

Witness

Date