

BLOODBORNE PATHOGEN COURSE CONFIRMATION

Lanesville Community School Corporation

I have viewed the bloodborne pathogen course. I understand that if I have any questions about the course or have an exposure to blood or body fluids, I should contact the school nurse at extension 205.

_____ (Printed Name)

_____ (Job Title)

_____ (Signature)

_____ (Date)

*You must print, sign and return this confirmation to Carol Cox after viewing the course.