



EMPLOYEE BLOOD TESTING CONSENT FORM

IN COMPLIANCE WITH THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION'S (OSHA) BLOODBORNE PATHOGENS STANDARD (29 CFR 1910.1030(f)(3): *POST-EXPOSURE EVALUATION AND FOLLOW-UP*, THIS FORMS MUST BE FILLED OUT FOLLOWING AN EXPOSURE INCIDENT.

The Post-Exposure Follow-Up sections of the Tampa Electric Bloodborne Pathogens Program has been reviewed with me.

I hereby consent to provide a blood sample for testing and reporting.

Printed

Signature

Date

The Post-Exposure Follow-Up sections of the Tampa Electric Bloodborne Pathogens Program has been reviewed with me.

I hereby decline to provide a blood sample for testing and reporting.

Printed

Signature

Date

To be completed by a medical representative or other third party:

I witnessed the signing of this form.

Witness Signature

Date