

**STOCKTON UNIVERSITY**

**CONSENT FOR DRAWING BLOOD SPECIMEN(S)**

I understand that an incident has occurred which may have resulted in my being exposed to blood or other body fluid, which may be infected with HIV, HPV or other blood borne pathogen.

It has been explained to me and I understand that under these circumstances it is recommended by the Public Employees Occupational Safety and Health Act (PEOSH) that my blood be tested for blood borne pathogens. Therefore I freely consent to having samples of my blood drawn for testing purposes.

Employee Signature

\_\_\_\_\_DATE\_\_\_\_\_

Witness\_\_\_\_\_DATE\_\_\_\_\_