

CARSON CITY SCHOOL DISTRICT

EMPLOYEE NOTICE OF UNIVERSAL PRECAUTIONS TRAINING/EXPOSURE AND INFECTION CONTROL TRAINING FOR BLOODBORNE PATHOGENS

Please read and initial all of the following statements:

_____ I have read the **Employee Notice of Health Risk** and understand that the school district administration considers my employment category to be at-risk of exposure to bloodborne pathogens. I further understand that the School District will offer training in universal precautions; will provide, at not cost to me, vaccination for the Hepatitis B virus; and, if I choose not to be vaccinated, will provide post-exposure controls to protect me from infection should I experience an exposure incident in the course of my employment.

The next Universal Precautions Training/Exposure and Infection Control Training for Bloodborne Pathogens session will be as follows:

Date: _____

Time: _____

Location: _____

_____ I will attend this training session on the date and time and at the location indicated above. I understand that information about vaccination for the Hepatitis B virus will be presented at this training session as well as other information about universal precautions and exposure control.

Employee's Signature: _____ Date: _____

Please return this form to:

Carson City School District
Post Office Box 603
Carson City, NV 89702

Attn: Human Resources

Return no later than: _____