



Identification of Source

On (date of incident) _____ I came into contact with the blood or other potentially infectious material of the person designated below as the source individual. I understand my employer is required to seek consent to test the named individual's blood for the Hepatitis B virus (HBV) and Human Immunodeficiency Virus (HIV) in accordance with WAC 823-16010.

I understand that the source individual and/or the legal guardian or parent may refuse this request.

I understand that if the results of the source's blood tests are provided to me, the results must be kept in strict confidence as required by law.

"This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits making further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information in NOT sufficient for this purpose."

Name of Source:	Date:
Name and address of Health Care Provider to whom results are to be released:	

Employee: Return the original signed form to your Administrator.