



**Ashe County Schools**  
*Bloodborne Pathogens*

Name: \_\_\_\_\_  
(Please Print)

Job Classification: \_\_\_\_\_

School: \_\_\_\_\_

Department: \_\_\_\_\_

\_\_\_\_\_ I am a substitute staff member

I acknowledge by signing this document that I have reviewed that PowerPoint presentation on the bloodborne pathogens and universal precautions located on the district web site.

I understand that I may contact the district school nurse regarding questions about this information and my eligibility for the Hepatitis B vaccine as defined by the Ashe County Schools Exposure Control Plan.

I have taken the online Bloodborne Pathogens quiz and submitted my answers for review.

I understand that I may contact the School Nurse if I have any questions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Date Reviewed