Verification of Bloodborne Pathogens Training

Date:_____

Location:_____

I acknowledge I have received training in Bloodborne Pathogens on the above date, and I do understand how to protect myself and others by using proper procedures for Universal Precautions proper disposal techniques. This information was presented to me either in person or by video. I was given an opportunity to ask questions and/or understand where to obtain additional information if necessary.

Print your name: _____

Signature: _____

BSUID#: _____

School/Department: _____

Ball State Health, Alcohol, and Drug Education