



CONSENT TO DRAW BLOOD FOLLOWING ESW BODY FLUID EXPOSURE

This is to certify that I, _____
(Name of Patient in full)

Here by consent to the drawing of blood samples for Hepatitis B antigen, Hepatitis C and HIV levels.

The procedure has been explained to me by Dr. _____ or his/her designate.

The results of the blood work will be shared with the exposed worker, the worker's family physician and the Medical Officer of Health for Grey Bruce.

This consent has been read to me and I understand its content and purpose and all of my questions have been answered.

Patient / or Substitute Decision Maker	_____	_____
	Print Name	Signature

Dated this _____ day of _____, _____ (Year) , at _____ hours

Emergency Worker Report

Name of Emergency Service: _____

Last Name: _____ First Name: _____ DOB: _____

Address: _____

Phone Number: _____ Family Physician: _____

Date of Incident: _____ Time: _____