



Photography Consent From

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(Name)

(Date)

(Signature of adult subject)



Consent for Testing

In order to comply with the Occupational Safety & Health Administration (OSHA) Bloodborne Pathogen Regulation and Virginia State Law, we are requesting your consent to submit to testing of your blood for

bloodborne pathogens (Hepatitis B, Hepatitis C & HIV) if and exposure occurs (needlestick injury, blood splatter) to one of the staff. Testing will be done at no cost to you. All information regarding an exposure is confidential.

Date: _____ Signature: _____