



Needle Stick Injury & Other Exposure Incident Form

Patient Printed Name: _____

I understand that if any healthcare worker is exposed to my blood or other bodily fluid, I allow Davis Facial Plastic Surgery Center to perform tests on my blood or other bodily fluid to determine the presence of any communicable disease, including but not limited to hepatitis and human immunodeficiency virus (which is the causative agents of AIDS). I understand that such testing is necessary to protect those who will be caring for me while I am a patient of Davis Facial Plastic Surgery. I understand that the test must be done on the day of the incident, and that the results of such tests do not become a part of my medical record.

Patient Signature

Date

Consent is valid for 1 year after signature date.