

**Source Individual's Consent or Refusal**  
for HIV, HBV, and HCV Infectivity Testing  
Central New Mexico Community College – School of Health, Wellness & Public Safety  
Revised October 2, 2013

Source Individual is the person whose blood or body fluids provided the source of this exposure.

Note: Complete this form and submit to the Office of Verification & Compliance

**Exposed Individual's Information**

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

HWPS Program: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Exposure Date: \_\_\_\_\_

**Source Individual's Statement of Understanding**

I understand that employers are required by law to attempt to obtain consent for HIV, HBV, and HCV infectivity testing each time an employee is exposed to the blood or bodily fluids of any individual. I understand that a CNM employee or student intern has been accidentally exposed to my blood or bodily fluids and that testing for HIV, HBV, and HCV infectivity is requested. I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me.

I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when an HIV antibody is not present and that follow-up tests may be required.

I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the exposed health care worker for his or her medical benefit only and to others only as required by law.

**Consent or Refusal & Signature**

**I hereby consent to: (please initial)**

HIV Testing \_\_\_\_

HBV Testing \_\_\_\_

HCV Testing \_\_\_\_

**I hereby refuse consent to: (please initial)**

HIV Testing \_\_\_\_

HBV Testing \_\_\_\_

HCV Testing \_\_\_\_

**Source Individual Identification**

Source individual's printed name: \_\_\_\_\_

Source individual's signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Relationship (if signed by other than the source individual): \_\_\_\_\_