

SANBORN REGIONAL SCHOOL DISTRICT
178 MAIN STREET, KINGSTON, NEW HAMPSHIRE 03848

NOTIFICATION to SOURCE of POTENTIAL BLOOD/BODY FLUID EXPOSURE (STAFF)

Date: _____

Dear _____:

It appears that you may have exposed a student(s) and/or staff member(s) to blood/bodily fluids in the incident of:

(date, time, location)

We would like to request that you be tested for HIV (Human Immunovirus), HBV (Hepatitis B) and HCV (Hepatitis C) and provide results of negative tests within 14 days.*

If you are unwilling or unable to meet this request, the exposed student(s) and/or staff member(s) may need to be tested for HIV, HBV and HCV at 3 months, 6 months, and 12 months from the exposure. If you are tested and the results are negative, then the 3-month, 6-month, and 12-month tests will not be necessary.

If you have any questions, please feel free to contact me at _____.
Thank you for your attention to this important matter.

Sincerely,

School Nurse

* Your test results will only be shared between your physician and the physician of the exposed individual (s) involved in the exposure incident as appropriate. **IT WILL NOT AFFECT EMPLOYMENT STATUS**

Please complete the attached HIPAA-Compliant Authorization form with your PHYSICIAN OF RECORD contact information, and send it in a sealed envelope marked, "Confidential" to your school's Health Office **NO LATER THAN 14 DAYS FROM THE DATE LISTED ON LINE ONE.**

Original: March 5, 2008