



**Waukegan Public Schools**  
Community Unit School District No. 60, Lake County, Illinois  
Office of School Health Services

**Documentation of Bloodborne Pathogen and Universal  
Precautions Training**

By my signature below, I acknowledge that I have received information and training regarding:

- Location of Policy
- Transmission of blood borne pathogens
- Methods for recognizing activities with exposure to blood borne pathogens
- Explanation of methods to prevent or reduce exposure
- Work practice controls and protective equipment
- Hepatitis B Vaccination
- Appropriate procedures for exposure incidents
- Contacted School Nurse or Nurse Supervisor with questions.

\_\_\_\_\_ I have received the Hepatitis B vaccine series.

\_\_\_\_\_ I am declining the Hepatitis B vaccine series.

\_\_\_\_\_ I would like to receive the Hepatitis B vaccine series *(If your position has been identified to have occupational exposure to blood or other potentially infectious materials and you would like to receive the Hepatitis B vaccine, please contact your building's school nurse or the Health Services Supervisor).*

Building: \_\_\_\_\_

Position: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_