



CONSENT FOR BLOOD TESTING AND RELEASE OF MEDICAL RECORDS (SOURCE INDIVIDUAL)

I, _____ consent to the required blood testing required following an occupational exposure incident in which I was identified as the source individual. I understand there will be no expense incurred by me, as the cost of blood testing will be absorbed by Barton Community College.

I further consent to the release of all blood testing results to the affected employee's:

Healthcare provider: Physician Name _____
Address _____

Barton Community College, Student Health Services
Address--245 NE 30 Road
Great Bend, KS 67530

and to the affected employee.

I understand that the affected employee and any employee who receives the information on behalf of the college have been instructed that such information must be kept confidential pursuant to Kansas Law.

Source Name _____

Date of Birth _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

Signature _____ \Date _____

Witness _____ \Date _____