

NOTIFICATION

In the event that a MidMichigan Dermatology health care worker sustains an accidental exposure to my blood or body fluids by puncture or contact with open skin or mucous membrane, I understand that my blood may be tested for HIV or other infectious diseases without further consent. I further understand that HIV is an abbreviation for Human Immunodeficiency Virus, the name of the virus now thought to be the cause of AIDS.

Signature of Patient

Signature of Witness

Signature of Closest Relative or Legal
Guardian (if applicable)

Date Witnessed

Date Signed

Relationship