

**CASE WESTERN RESERVE UNIVERSITY
EXPOSURE TO HUMAN BLOODBORNE PATHOGENS**

Bloodborne Pathogen Survey

Name _____ CWRU Dept. _____
(Please Print)

Title _____ Social Security No. _____

Location _____ Primary Investigator _____

Telephone _____ Date of Arrival at CWRU _____

- I do not anticipate using human blood or tissue in my teaching and/or research activities. _____ Yes _____ No

- I plan to use human blood and tissue in my teaching and/or research programs and documentation of my hepatitis B vaccination is enclosed. _____ Yes _____ No

- I plan to use human blood and tissue in my teaching and/or research programs and will be hepatitis B vaccinated prior to working with bloodborne pathogens. (Contact University Health Services, 368-4539, upon your arrival at CWRU.). _____ Yes _____ No

- I plan to use human blood and tissue in my teaching and/or research programs and do not wish to be vaccinated. A copy of the declination statement is enclosed. (The University Health Service will provide counseling if desired. Contact University Health Services, Dr. Eleanor Davidson, 368-2450. _____ Yes _____ No

Please contact the Department of Occupational & Environmental Safety at (216) 368-2907 for information or assistance. _____ Yes _____ No