

**Bloodborne Pathogens Exposure Control Form  
For  
Non-Employees  
(Including Students & Volunteers)  
Whose Non-Paid Activities May Reasonably  
Expose Them to Bloodborne Pathogens**

Appalachian State University wishes to provide its students and volunteers with a safe and healthful environment in which to conduct their curricular work. Your instructor has determined that some activities in this course or volunteer opportunity at ASU may reasonably be expected to involve potential exposure to bloodborne pathogens.

Before requiring you to sign this form, your instructor must: (1) explain which procedures may result in exposure; (2) explain ways to minimize your chances for exposure; (3) inform you of where and how to obtain ASU Bloodborne Pathogens Training (at no expense); and (4) inform you of where and how to obtain the Hepatitis B Vaccination series (at your own expense). *Please send the completed form to the ASU Safety & Workers' Compensation Office at ASU PO Box 32112, Business Affairs Annex.*

In addition, some departments or academic programs may require you to attend the ASU Bloodborne Pathogens Training and/or to show proof of having completed the Hepatitis B Vaccine series.

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Name (please print): \_\_\_\_\_  
Instructor: \_\_\_\_\_  
Course: \_\_\_\_\_

- **I understand that ASU strongly recommends I attend ASU Initial Bloodborne Pathogens Training and Annual Refresher Bloodborne Pathogens Training.** I understand that my department may require me to attend this training.
- **I have been told where and when to obtain this training.** I understand that if I have difficulty signing up for the training or have other questions, I am encouraged to contact the Exposure Control Officer, Mary M.Cavanaugh, at extension 6838 ([cavanaughmm@appstate.edu](mailto:cavanaughmm@appstate.edu)).
- **I understand that ASU strongly recommends that I receive Hepatitis B Vaccine series.** I understand this consists of 3 inoculations spread out over 4 to 6 months, and that I do not need to repeat inoculations already received.
- **I understand that I may obtain this vaccine at a place of my choosing, including but not limited to ASU Student Health Services (by appointment only).**
- **I understand that I am welcome to review the university's Bloodborne Pathogens Program,** which is available from the Exposure Control Officer.

Signature & Date: \_\_\_\_\_