

# Hartland Consolidated Schools

## Bloodborne Pathogen Training for School Employees Acknowledgement Form

I acknowledge that I have reviewed and understand the on-line bloodborne pathogen program provided to me by Hartland Consolidated School District.

This program can be found on the shared drive:  
HCS/Health-School Nurse/Blood Borne Pathogen PowerPoint.

\_\_\_\_\_  
Employees printed name

\_\_\_\_\_  
Employees Signature

\_\_\_\_\_  
Job Classification

\_\_\_\_\_  
Date

This on-line program and acknowledgement form must be turned in by December 1 of each school year to the **FRONT OFFICE.**