



CERTIFICATION FORM

153 W. Lake Mead Pkwy, Suite 2230
Henderson, Nevada 89015

(Print) Name

Date

I, (sign) _____, am aware that working in a dental clinical setting, where blood borne pathogens exist, put me at risk to the HBV and HIV viruses. (This includes front office personnel who may handle charts or documents that could carry blood splatters.)

SIGN ONE OF THESE TWO STATEMENTS:

I, (sign) _____, have received instruction and am aware of the chemical hazards blood borne pathogens and OPIM (other potentially infectious materials) present in dental offices. I received this instruction from

(SCHOOL OR OFFICE) _____

during the year _____.

OR

I, (sign) _____, have never been instructed as to the chemical hazards, blood borne pathogens and OPIM (other potentially infectious materials) present in dental offices.