

DIOCESE OF GAYLORD † OFFICE OF CATHOLIC SCHOOLS

**Bloodborne Pathogens Annual Training/Review**

\_\_\_\_\_ **SCHOOL YEAR**

**Acknowledgement Statement**

**School Name:** \_\_\_\_\_ **City:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Date of Birth** (*mm/dd/yyyy*): \_\_\_\_\_

**Position** (*check one*):  **Teacher**

**Support Staff**

**Other**

1. I have reviewed the Bloodborne Pathogens Power Point Presentation on the Diocese of Gaylord website [www.dioceseofgaylord.org](http://www.dioceseofgaylord.org) and have a full understanding of the safe practices that can assist me when dealing with situations that may have the potential danger of bloodborne pathogens.
2. I have been given the opportunity to learn more about the dangers and safety precautions of bloodborne pathogens.
3. I agree with the statement above.

**Dated:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**Please complete this form and return to your school principal via fax, email, or U.S. mail.**

**Contact your school's principal if you have any questions.**