

STUDENT CERTIFICATION AND CONSENT

I have read the El Centro College Health Occupations Program Student Information and Consent Form. I hereby consent to provide a sample of blood for testing for communicable diseases if, in the judgment of an instructor, an incident has occurred in which I may have exposed another person to my blood or bodily fluids. I also consent to the release of the results of the test or information that I have voluntarily provided to the person who may have been exposed to my blood or bodily fluids. I release the Dallas County Community College, El Centro College, the testing facility and their agents and employees from all liability connected to the testing process or the release of the results of the test.

Date

Student

