

**LAKE AREA TECHNICAL COLLEGE  
MEDICAL ASSISTING PROGRAM  
HEPATITIS AND HIV HAZARD NOTICE**



Since you will be working with blood and other patient specimens in phlebotomy and also on your externship you are at increased risk of contracting the virus that causes Hepatitis B and AIDS.

There is a vaccine available against the Hepatitis B virus called Heptavax-B/Recombivax B, which is administered in three doses. Contact a local clinic or health care service to receive the vaccine.

I have been informed about my increased risk of Hepatitis Band HIV infection and the Heptavax-B/Recombicax B vaccine.

I intend to receive the vaccine.

I have already received the vaccine.

\_\_\_\_\_  
STUDENT SIGNATURE AND DATE

**INVASIVE TECHNIQUE AGREEMENT**

As part of the Medical Assisting Program, we will learn techniques in venipuncture, capillary puncture, administration of medication, and any other clinical procedures. These techniques will be taught in the classroom laboratory, the phlebotomy laboratory, and on your externship sites.

All students will be required to learn and perform these techniques on fellow students before any encounter with patients. All students, except those with documented medical cause, will act as patients during the program for the purpose of learning the above techniques.

I have read, understand, and agree to the conditions above. I will not hold anyone liable for any injury that may occur as a result of performing these techniques.

\_\_\_\_\_  
STUDENT SIGNATURE AND DATE

**POST-EXPOSURE AGREEMENT**

Lake Area Tech does not provide health insurance or health coverage on students. In the event that you come into physical contact with a patient's specimen (ex. Needle stick injury, splash to the mucous membranes, etc.) whether during phlebotomy experience or during the clinical training portion of the program, you will be required to have your blood sample collected for baseline testing for Hepatitis B, C and HIV at a minimum. You may need other testing depending on the results obtained from you and the source of the exposure. **YOU WILL BE REQUIRED TO PAY FOR THIS TESTING.**

I have read, understand, and agree to the above statement regarding the post-exposure plan.

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STUDENT SIGNATURE AND DATE

**INSURANCE COVERAGE**

All students must purchase and have documentation of current liability insurance within the first week of training.

I have read, understand, and agree to the above statement regarding the insurance coverage plan.

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STUDENT SIGNATURE AND DATE