

SANBORN REGIONAL SCHOOL DISTRICT

178 MAIN STREET, KINGSTON, NEW HAMPSHIRE 03848

SRSD File: JLCCA-R3

NOTIFICATION to SOURCE of POTENTIAL BLOOD/BODY FLUID EXPOSURE (STUDENT)

Date: _____

Dear Parent/Guardian:

It appears that your child/ward, _____,
may have exposed a student(s) and/or staff member(s) to blood/bodily fluids in the incident
of _____.
(date, time, location)

We would like to request that your child be tested for HIV (Human Immunovirus), HBV (Hepatitis B) and HCV (Hepatitis C) and provide results of negative tests within 14 days.*

If you or your child is unwilling or unable to meet this request, the exposed student(s) and/or staff member(s) may need to be tested for HIV, HBV and HCV at 3 months, 6 months, and 12 months from the exposure. If your child is tested and the results are negative, then the 3-month, 6-month, and 12-month tests will not be necessary.

If you have any questions, please feel free to contact me at _____.
Thank you for your attention to this important matter.

Sincerely,

School Nurse

* Your child's test results will only be shared between your child's physician and the physician of the exposed individual (s) involved in the exposure incident.

Please complete the attached HIPAA-Compliant Authorization form with your child's PHYSICIAN OF RECORD contact information, and send it in a sealed envelope marked, "Confidential" to the Health Office at your child's school NO LATER THAN 14 DAYS FROM THE DATE LISTED ON LINE ONE.

History:

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Original: March 5, 2008
Renewed: January 23, 2019