



Sequatchie Valley Planning & Development Agency
Sequatchie Valley Head Start

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**Consent for Hepatitis B and HIV Blood Testing of Employee
Who Has Had Blood Exposure**

At the recommendation of a physician, I give consent for a blood test for hepatitis B and HIV. I consent for the results of the testing to be released to Sequatchie Valley Head Start. The test results will be kept confidential.

Date

Signature of parent/guardian