

**UT Chattanooga**  
**Acknowledgement of Training for Prevention of**  
**Bloodborne Disease Transmission**

I, the undersigned, acknowledge that I have received training in occupational exposure to bloodborne diseases and understand this training. I also acknowledge that I understand the use of "Universal Precautions", personal protective equipment, and how to properly dispose of waste.

NAME  
(Please Print)

JOB TITLE

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Date: \_\_\_\_\_ Instructor : \_\_\_\_\_

Department: \_\_\_\_\_