

## Informed Consent – Observation Program

I understand that there is a potential risk for exposure to blood borne pathogens, airborne/droplet diseases when participating in an observation program in the fire/rescue work environment.

I have been offered an opportunity to ask questions about the diseases and the risk for exposure and to have those questions answered.

Should I become exposed to blood or other potentially infectious materials, I will be advised by the fire/rescue service to seek medical attention at the location specified in their Exposure Control Plan. I understand that the fire/rescue service is NOT responsible to cover the costs associated with post-exposure medical treatment/counseling.

**I also understand that I may not discuss or share information regarding patients or the care they received. This is considered *confidential* information.**

Signature: \_\_\_\_\_

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