

# UNIVERSAL PRECAUTIONS/BLOODBORNE PATHOGENS/INFECTION CONTROL TRAINING ATTESTATION

Name (please print): \_\_\_\_\_

Agency Affiliation/Job Title: \_\_\_\_\_

My signature below indicates that (check all):

- I have reviewed the Universal Precautions/Bloodborne Pathogens/Infection Control self-study training on \_\_\_\_/\_\_\_\_/\_\_\_\_.
- I have passed (scored 80% or higher) the Universal Precautions/Bloodborne Pathogens/Infection Control test on \_\_\_\_/\_\_\_\_/\_\_\_\_.
- I have achieved functional competency in the training subject matter.
- I understand that if I have any questions regarding the training subject matter, I may contact the St. Clair County Community Mental Health Training Department for clarification.

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

Upon completion of this training, please forward this training attestation to your organization's human resources/training representative.



3111 Electric Avenue  
Port Huron, MI 48060  
Phone: 810-985-8900