



**DECLARATION: BLOOD BORNE VIRUSES SEROLOGY EXPECTATIONS**

- I have read and understand: the College of Physicians and Surgeons of Newfoundland and Labrador's (CPSNL) Blood Borne Viruses Standard of Practice; and the Faculty of Medicine's Blood Borne Viruses Policy.
- I understand that I have an ethical obligation to be aware of my serological status.
- I confirm that if my serological status related to the CPSNL's Blood Borne Viruses Standard of Practice is positive, I will notify the CPSNL in accordance with its practices.
- I agree that I will repeat the blood borne viruses testing in accordance with the CPSNL's Blood Borne Viruses Standard of Practice.

\_\_\_\_\_  
Name *(please print)*

\_\_\_\_\_  
Program

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_  
          dd      mm      yyyy

The personal information requested on this form is collected under the general authority of the Memorial University Act (RSNL1990 CHAPTER M-7) for the purpose of ensuring that you are aware of the expectations regarding blood borne viruses and to form part of your student record.