

## Exemption – Bloodborne Pathogen Training

Please note: This form is to be used only if the student will not be taking any clinical classes during the entire school year.

Student: Please sign, date, and return this form as soon as possible to the appropriate person listed below.

This is to verify that I will not be registering for or attending any clinical classes during the \_\_\_\_\_ school year. Should this change, I understand that I must attend a Bloodborne Pathogen Training session and receive a certificate for having completed this training prior to being admitted into a clinical setting.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Please Check:**

\_\_\_\_\_ Undergraduate

\_\_\_\_\_ RN/BS

\_\_\_\_\_ Graduate

For Portland UG student and <b>all</b> Graduate students, mail this form to:	For UG Ashland students, mail this form to:	For UG Klamath Falls students, mail this form to:	For UG La Grande students, mail this form to:	For all RN/BS students, mail this form to:
OHSU School of Nursing SN-5S Student Forms 3455 SW US Veterans Rd Portland, OR 97201-2941	OHSU School of Nursing at Ashland 1250 Siskiyou Boulevard Ashland, OR 97520 c/o Paulette Mellecker	OHSU School of Nursing at Klamath Falls 3201 Campus Drive Klamath Falls, OR 97601-8801 c/o Sheryl Manning	OHSU School of Nursing at La Grande 1 University Blvd La Grande, OR 97850 c/o Lory Graham	OHSU School of Nursing at Ashland 1250 Siskiyou Boulevard Ashland, OR 97520 c/o :Lorraine Cook