



**WEST
MICHIGAN
FAMILY
MEDICINE**

OSHA CONSENT FORM

KENTWOOD

Michelle Davis, M.D.
Stacyann Steen, MD
Pamela S. Zelasko, M.D.
Cindy Opolka M.D.

2120 43rd Street SE
Suite 200
Kentwood, MI 49508

(616) 455-4114
(616) 455-4454 fax

ALPINE

Ashley Conner, M.D.
Shelley Drew, D.O.
Steve Lasater, M.D.

1550 3 Mile Rd NW
Grand Rapids, MI 49544

(616) 785-3883
(616) 785-1982 fax

The Occupational Safety and Health Administration (OSHA) has set standards to protect health care workers.

In the event a health care worker sustains eye, mucous membrane or parenteral (piercing or mucous membranes or skin through needle sticks, cuts, abrasions, etc.) contact with blood, other fluids, or other potentially infectious material resulting from the performance of his/her duties, I hereby consent to a Hepatitis B virus and/or HIV antibody test without additional written consent.

This consent is valid for a period of five (5) years, beginning on the date reflected below. West Michigan Family Medicine, PC, will cover all of the expenses for such testing which are not payable by my insurance company.

Patient/Guardian Signature Date

Patient/Guardian Name (Printed)

Patient Name (if Guardian Signature)

Witness Date