VERIFICATION AND DOCUMENTATION OF UNIVERSAL PRECAUTIONS TRAINING

Date: _____
(Date Received Training)

I, _____, acknowledge that I have received training in
(Print Name of Training Recipient)

UNIVERSAL PRECAUTIONS on the above date and that I do understand how to protect myself using the procedures of UNIVERSEAL PRECAUTIONS taught to me by _____. The teaching methods used were
(Print Name of Trainer)

discussion plus demonstration and/or a video or film.

_____	_____
(Signature of Training Recipient)	*(Signature of Trainer)*
_____	_____
(Today's Date)	*(Today's Date)*

_____
(Source of Trainer's Universal Precautions Training)