

Verification of Training in Universal Precautions

I, _____ have been trained and/or in-serviced on the proper techniques for caring for patients with communicable disease. The procedure known as Universal Barrier Precautions has been taught to me through _____ Programs and I am knowledgeable as to proper utilization of supplies needed to handle care for such patients.

My Signature below supports this statement.

Employee Signature _____ **Date:** _____