



**GHC Dental Hygiene Bloodborne Pathogen and
Infectious Disease Policy
Acknowledgement Form**

I, _____, (fill in your name) acknowledge that I have had an opportunity to print and read the GHC Dental Hygiene Bloodborne Pathogen and Infectious Disease Policy. I know that I can contact the department at 706-295-6760 if I have any questions regarding this policy.

Signature: _____

Date: _____