

VIRAL TESTING CONSENT
FOR USE OF THIS FORM, SEE USMEPCOM REG 40-9

FOR OFFICIAL USE ONLY

PRIVACY ACT STATEMENT

AUTHORITY: Sections 505, 510, and 3012 of Title 10 U.S. Code and Executive Order 9397, Social Security Number.
PRINCIPAL PURPOSE: To record an individuals decision concerning testing for possible Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV) infection.
ROUTINE USE: None. The "Blanket Routine Uses" set forth at the beginning of the Army's System of Records Notices apply to this system.
DISCLOSURE: Voluntary; refusal to provide required data could result in denial of enlistment.

SECTION I - ACKNOWLEDGMENTS

I understand a MEPS employee received a needle stick or other injury while collecting my blood specimen or during other MEPS processing. As a result of that injury, the chief medical officer has requested permission to test my blood for Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV) at a local laboratory at the MEPS expense. The chief medical officer may take a blood sample and have my specimen tested even without my permission.

Negative test results indicate there are no signs of infection at this time, but do not guarantee results of future viral tests.

Positive test results indicate signs of infection at this time.

If my test is positive, I will be permanently disqualified from military service even if I did not agree to the viral test.

The chief medical officer will notify my parents/legal guardian if I am a minor (under age 18) and receive positive test results.

The MEPS commander will notify my chain of command of all test results if I am currently a member of the Armed Forces.

Test results are recorded on my medical examination documents and in the MEPS computer records. MEPS personnel will not remove either positive or negative results from those records or forms, regardless of circumstances.

I understand that I can change my mind and have the viral test performed in the future at no cost.

SECTION II - CERTIFICATION

My signature in this block indicates that I understand the Department of Defense policy on viral testing.

I accept testing with full knowledge of the consequences of positive test results and use of these results.

I decline testing with full knowledge of the consequences of positive test results and use of these results.

Print/Type Name (First, Middle, Last)

Social Security Number

Signature

Date

SECTION III - COMMANDER'S CERTIFICATION

The individual identified above attests on this date that he/she accepts or declines viral testing.

Print/Type Name (First, Middle, Last)

Rank and Pay Grade

Commander's Signature

Date