

**VERIFICATION AND DOCUMENTATION
FOR
UNIVERSAL PRECAUTIONS TRAINING**

Date _____
(Date training provided)

I, _____, acknowledge that I have received training in
(Printed name of Training Recipient)

UNIVERSAL PRECAUTIONS on the above date and that I do understand how to protect myself using the procedure of UNIVERSAL PRECAUTIONS taught to me by

(Printed name of Trainer)

The training I received included discussion plus **demonstration** and/or a **video or file**.

(Signature of Training Recipient)

(Signature of Trainer)

(Today's Date)

(Today's Date)

(Source of Trainer's Universal Precautions Training)