

Trinity Valley Community College  
Medical /Nursing Assistant Program

## Infection Control and Bloodborne Diseases Competency Exam

Student's Name: \_\_\_\_\_ TVIN# \_\_\_\_\_

Written Exam Date: \_\_\_\_\_ Pass [ ] Fail [ ]

Handwashing Date: \_\_\_\_\_ Pass [ ] Fail [ ]

Donning/removing Gloves Date: \_\_\_\_\_ Pass [ ] Fail [ ]

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_