

FERNDALE SCHOOL DISTRICT NO. 502
Ferndale, WA 98248

Health Care Professional's Written Opinion for Post-Exposure Evaluation

Use with Chapter 296-823 WAC, Occupational Exposure to Bloodborne

Ferndale School District

Employee's Name: _____

Date of Incident: _____

Date of Evaluation: _____

Health Professional's Address: _____

Health Professional's Telephone: _____

_____ The employee named above has been informed of the results of the evaluation for exposure to blood or other potentially infectious materials.

_____ The employee named above has been told about any health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

_____ Hepatitis B vaccination is ___ / is not ___ indicated.

Health Care Professional's Name

Health Care Professional's Signature

Date

Return this form to the employer and provide a copy to the employee within 15 days. Please label the outside of the envelope "Confidential".."

Employer's Name: Ferndale School District #502
Employer's Address: PO Box 698
Ferndale WA 98248
Attn: Dr. Michael Berres, Director of Special Services