

NOTE: All new employees must complete. The school nurse will review and file all originals in the school's or department's copy of the Exposure Control Plan.

EMPLOYEE EXPOSURE DETERMINATION QUESTIONNAIRE

Date: _____ School or Department: _____

Employee Name: _____

Last 4 digits of Social Security Number: _____

Purpose of Questionnaire: The purpose of this questionnaire is to assist your employer in determining your exposure potential to human blood, body fluids, or other infectious material. This determination is a requirement of your employer's "Bloodborne Pathogens Policy," and is required by the federal Occupational Safety and Health Administration (OSHA). Your employer will use the results of this questionnaire to: (1) plan and conduct employee training, and (2) to set up precautionary measures to prevent workplace exposure to blood, body fluids, or other potentially infectious materials.

Directions: Please answer the following questions.

Does your job require you to do any of the following as a specific condition of employment (Does your job description specify that you do any of the following)?	YES	NO
A. Work directly with human blood, blood products, body fluids, or tissue products (Examples: first responders, athletic trainers, coaches, shop teachers, school nurses, PE teachers, etc.)		
B. Give assistance to accident or injury victims at or away from the general area where you work , on a REGULAR basis (Examples: first responders, emergency or rescue personnel, coaches, etc.)		
C. Clean up blood, or other body fluids with visible blood (such as vomitus, urine) on a REGULAR basis as part of my job. (Examples: custodians, teachers who work with developmentally disabled students, bus mechanics)		

If **YES** is checked for any question above (A, B, or C), then the employee should be offered the Hepatitis B Vaccine Series at no cost to them.. If the employee has already received the HBV series or if they do not wish to receive the vaccinations, then a Hepatitis B Vaccine Declination Form should be completed (Appendix 5)