ACCIDENTAL BLOOD EXPOSURE
MEDICAL EVALUATION and FOLLOW-UP

Employee Name:_____

Brief Overview of Exposure:_____

Date of Exposure: _____

To be completed by Health Care Provider:

Blood collected and tested: ____ HBV ____HCV ____HIV
Declined Blood Testing: _____

Hepatitis B
____ No prior Hepatitis B vaccination
____ HBIG (Hepatitis B Immune Globulin) received
____ HBV vaccinated – received 3 doses prior
____ HBV series started

HIV & Hepatitis C
____ Risk Counseling Offered

Tetanus
____ Current within 10 years
____ Suggest booster

Comments:

Post-exposure medical evaluation completed by:_____

Follow-up/Recommendations:_____

_____

_____

Date: _____

Adopted: June 9, 2010
Reviewed: February 29, 2012
Moved to Administrative Procedure: October 24, 2018
Revised: May 7, 2025