

Medical Evaluation

To be completed by the employee's physician and returned to the school nurse within 15 days of the evaluation.

Dear Doctor:

Please review all the information on this form. This employee is being referred to you for a medical evaluation and follow-ups, due to an exposure to blood or other potentially infectious material. The employee has the right to decline or accept medical treatment, please include in your evaluation the following:

Lab work, counseling, illness reporting, information about potential bloodborne pathogens and treatment available, effective post exposure prophylaxis (per standard medical practice), administration of Hepatitis "B" vaccination or HBIG if indicated, (results of medical evaluation given to employee.)

The Hepatitis "B" Vaccine and/or HBIG was indicated and given
_____ Yes _____ No

The Hepatitis "B" and/or HIV titers were indicated and drawn
_____ Yes _____ No

Date(s) of any other scheduled lab work: _____

The employee was informed of the results of the evaluation and has been told of the medical conditions resulting from exposure to blood or other potentially infectious materials which required further evaluation and treatment _____ Yes _____ No

All test results, medical findings, and diagnosis will remain part of the health provider's records and are not provided to the school.

Signature of Physician

Date

This form must be completed and returned to employee and employer within 15 days of the evaluation. One copy will be given to the employee and one will be kept in a separate medical file established in the school nurse's office.