

POST-EXPOSURE EVALUATION FORM

Date Form Completed: _____

Date of Exposure: _____

Employee Name: _____

SSN: _____

The above-named employee has had an occupational exposure to blood or body fluids while employed in the Bethel Public Schools. Enclosed is a copy of the Bloodborne Pathogen Exposure Incident Report and the employee's Hepatitis B vaccination status. The employee has been sent to his/her physician for testing and evaluation for bloodborne pathogen exposure. Evaluation and testing are covered by the Bethel Public Schools.

OSHA regulations require that an employer obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of a post-exposure evaluation.

Healthcare Professional's Written Opinion

Circle one, two, or three:

- 1. HBV vaccine is indicated for this employee; vaccine not received.
- 2. HBV vaccine is not indicated for this employee; vaccine not received.
- 3. HBV vaccine is indicated for this employee; vaccine received.

Check after completion:

_____ Employee has been informed of evaluation results.

_____ Employee has been told of any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

_____ All other findings or diagnosis shall remain confidential and shall not be included in this written report.

Healthcare Professional's Signature

Title

Date