

POST EXPOSURE EVALUATION
CONFIDENTIAL

Name of Exposed Employee: _____

Social Security No.: _____

School Site: _____

Date of Incident: _____

Description of the circumstances under which the exposure incident took place (include route of exposure and job description as it relates to exposure): _____

Is the source individual known? Yes _____ No _____

If yes, identify: _____

Did the source individual give consent to determine Bloodborne Pathogen infectivity?

Yes _____ No _____ Result of testing: _____

Has testing been previously conducted or source individual already known to be infected with HBV, HCV or HIV?

Yes _____ No _____

Date the results of the source individual's testing were made available to the exposed employee?

Was consent given by the exposed employee to test blood for HBV, HCV or HIV serological status?

Yes _____ No _____

(If yes to HBV, HCV testing and no to HIV, arrangements must be made to preserve the sample for 90 days.)

Sample to be preserved at the following location: _____

Has the exposed employee previously received the HBV vaccination? Yes _____ No _____

If yes, date of vaccination: _____

(Attach physician's report)