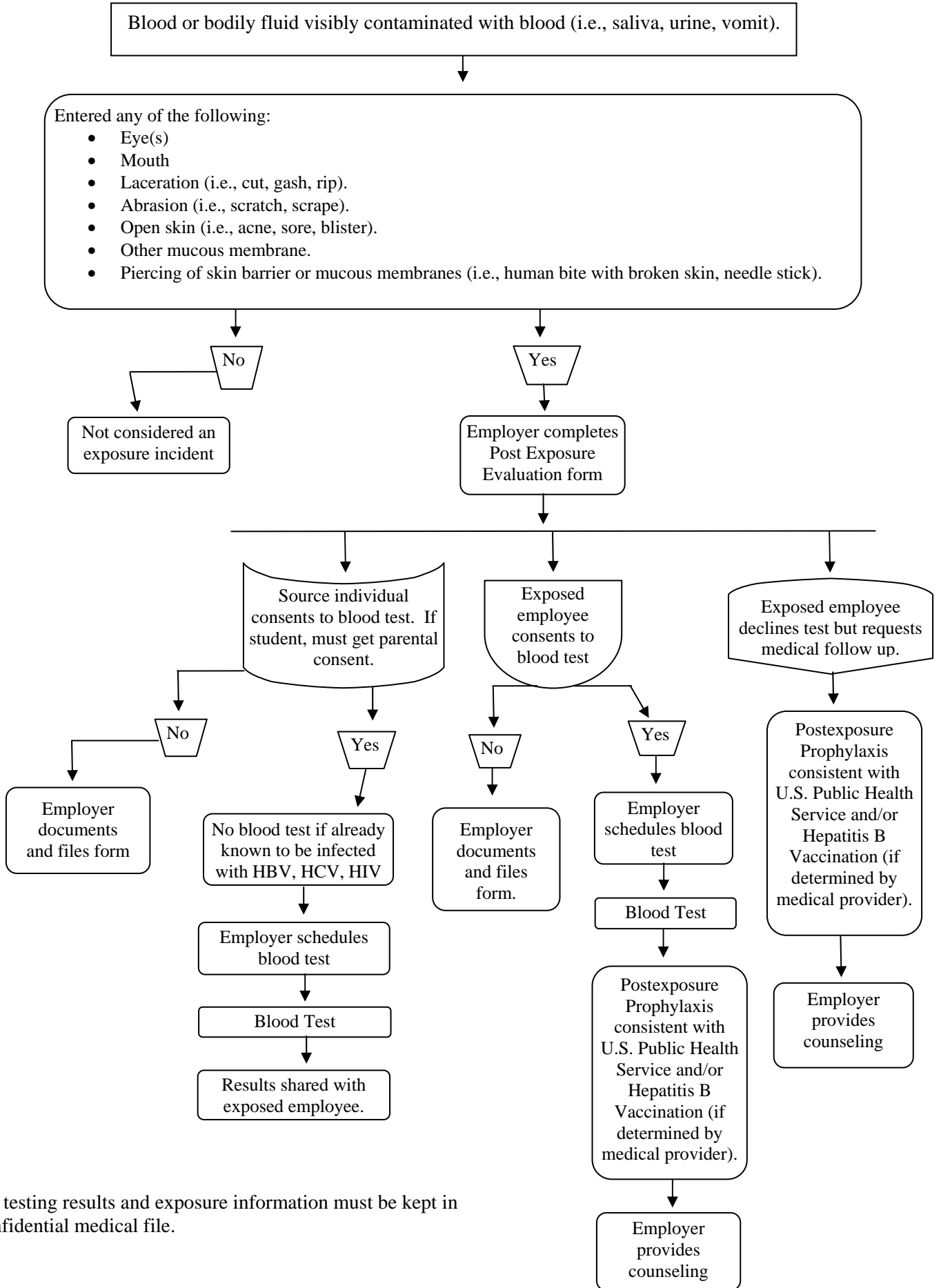


BLOODBORNE PATHOGENS EXPOSURE INCIDENT DETERMINATION



All testing results and exposure information must be kept in confidential medical file.

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)

**BLOODBORNE PATHOGEN
EXPOSED INDIVIDUAL CONSENT FORM
CONFIDENTIAL**

According to Cal-OSHA Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

When an Exposure Incident occurs, the employer is required to identify and document the source individual. In addition, the employer must request that the source individual's blood be tested as soon as feasible for the following: HBV, HCV, and HIV.

With respect to this Exposure Incident occurring on (insert date), the source individual was identified and consented to testing declined testing .

In addition, the employer is required to offer the exposed individual blood testing. The testing shall include HBV, HCV, and HIV. You have the option of consenting to HBV and HCV while declining the test for HIV. If you decline the test for HIV, your blood sample will be held by the medical facility for six months in the event you reconsider.

I understand the above and hereby decline testing

Date

I understand the above and hereby consent to testing

Date

Consented to Testing Declined Testing

**BLOODBORNE PATHOGEN
SOURCE INDIVIDUAL CONSENT FORM
CONFIDENTIAL**

According to Cal-OSHA Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

When an Exposure Incident occurs, the employer is required to identify and document the source individual. In addition, the employer must request that the source individual's blood be tested as soon as feasible for the following: HBV, HCV, and HIV.

Results of source individual's testing shall be made available to the exposed employee pursuant to applicable confidentiality laws and regulations.

I understand the above and hereby decline testing

Date

I understand the above and hereby consent to testing

Date