Appendix C - Medical Evaluation and Follow-Up - Bloodborne Pathogen Policy

Appendix C - Medical Evaluation and Follow-Up

Employee Name: _____

Date of Exposure: _____

To be completed by Health Care Provider:

Blood collected and Tested: _____HBV _____HIV _____Declined Blood Testing

Hepatitis B _____ No prior Hepatitis B vaccination

_____ HBIG (Hepatitis B Immune Globulin) given

_____ HBV vaccinated - received 3 doses prior

_____ HBV series started

HIV _____ Risk counseling offered

Comments:_____

_____

Post Exposure Medical Evaluation Completed by:_____

Print Name: _____

Signature: _____

Date: _____

Revision #2
Created 2022-03-17 15:01:26 UTC by Reilly Greenlaw
Updated 2023-03-16 17:06:10 UTC by Reilly Greenlaw