

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

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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: _____

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