

# 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: \_\_\_\_\_

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