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*)