Appendix G

PHYSICIAN'S EVALUATION OF INFECTIOUS EXPOSURE INCIDENT
(Example of Evaluation Evaluations are Recorded in OHM Encounter)

I have evaluated________________________for possible complications from a recent Exposed Person’s Name exposure to bloodborne pathogens. I have received the materials provided to me by the University, and I have interviewed:________________________Exposed Person’s Name.

I have discussed the possibility of various medical conditions from exposure to blood, body fluids or other potentially infectious materials with the person named above.

1. The person named above is capable of receiving the Hepatitis B vaccination: Yes ( ) No ( )

2. The person named above has already received the Hepatitis B vaccination:
   Yes ( ) No ( )

3. The person named above is immune to Hepatitis B: Yes ( ) No ( )

4. The person named above should receive a Hepatitis B vaccination, as a result of this injury:
   Yes ( ) No ( ) (NOT REQUIRED AS ABOVE NAMED PERSON HAS ALREADY DEMONSTRATED IMMUNITY).

ANY AND ALL OTHER FINDINGS SHALL BE KEPT IN THE STRICTEST CONFIDENCE.

Comments

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________
PHYSICIANS NAME (PRINT)

__________________________________________  ____________________________
PHYSICIAN'S SIGNATURE          DATE

Approval Date: March 2015          Bloodborne Pathogens Control Plan BIOL02
Revision Date: March 2020          Owner: RMS-OCC/Director