PHYSICIAN'S EVALUATION OF INFECTIOUS EXPOSURE INCIDENT

I have evaluated ___________________________ for possible complications from a recent 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
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