



PHYSICIAN'S EVALUATION OF INFECTIOUS EXPOSURE INCIDENT

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