



Appendix F
MEDICAL SURVEILLANCE FORM FOR PHYSICIANS
(Example of Evaluation Evaluations are Recorded in OHM
Encounter)

Name: _____ NDID#: _____

Job Title: _____ Date of Exposure: _____

Job Risks: _____

Last Tetanus Booster: _____

Hepatitis Vaccination Series Completed? Ye No _____

HBV ImmuneStatus: Immune _____ Not Immune _____

Previous Exposure to Hepatitis? Ye No _____

Type of Exposure:

Needle Stick? Yes _____ No _____

 If Yes, Which BodyParts _____

Blood Splash? Yes _____ No _____

 If Yes, Which BodyParts _____

Contact to Bare Skin with Blood or Body Fluids? Yes _____ No _____

 If Yes, Specify Blood or Bodily Fluid _____

Condition of Skin: _____

Other Medical Information: _____

Source of Exposure Known? Yes _____ No _____

Test Results From Source of Exposure:

Hepatitis B Positive _____ Negative _____

HBIG Recommended? Yes No _____

HBIG Provided? Yes No _____

HIV Surveillance Recommended? Yes No _____

Comments: _____

Data Provided to Physician:

OSHA Standard Yes No _____

Personnel's Medical File Yes No _____

Incident Report: Yes No _____

PHYSICIAN'S SIGNATURE

DATE